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# Tipping the Balance

Youth and Substance Use

An Information Series



**AADAC**

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# Tipping the Balance: Youth and Substance Use An Information Series

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# Supporting the Balance Youth and Substance Use An Information Series

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# Tipping the Balance: Youth and Substance Use

## An Information Series

### Introduction

The Alberta Alcohol and Drug Abuse Commission places a high value on information for youth. For many years we have been talking with young people and the people in their lives about alcohol and other drugs, their use, how to tell if there is a problem, the issues that are important to them and about ways to achieve a life free from the abuse of mood-altering substances. *Tipping the Balance* is an important part of this.

The purpose of *Tipping the Balance* is to provide a non-judgmental opportunity for youth to self-evaluate the effects of alcohol and other drugs on their lives. It is designed to invite young people who may be having problems because of substance use to actively contemplate their own situation and to consider some choices. In particular, the objectives are to provide teens with an opportunity to:

- ▶ increase awareness of the positive and negative effects of using alcohol and other drugs;
- ▶ evaluate personal consequences of substance abuse;
- ▶ examine choices that are available in relation to their alcohol and other drug use;
- ▶ learn about resources available, e.g. self-help, student assistance, peer support, treatment options, and;
- ▶ increase awareness of the process of change.

This resource is intended as a practical tool for counsellors and/or facilitators when delivering information to groups of adolescents who have been somewhat 'externally compelled' to learn

more about alcohol and other drugs. These participants would be described as being at a precontemplative or early contemplative stage in terms of motivation to change as outlined by Prochaska and DiClemente's model (see Appendix A — The Change Process).

*Tipping the Balance* is specifically designed with this precontemplative or early contemplative youth as its target population. The series may be seen primarily as a consciousness-raising strategy, but it also contains strategies for self-evaluation, both of which are deemed to be beneficial during those initial stages of precontemplation and contemplation. In short, the goal of *Tipping the Balance* is to encourage participants to move along the change process from precontemplation to contemplation. Specific activities are suggested with that in mind.

Consciousness-raising strategies are the mainstay of the information series; there are many non-judgmental opportunities for participants to learn more about the effects that mood-altering substances may be having on their lives. We recognize that counsellors have a wealth of knowledge and experience that help them do their jobs. Thus, we have provided some outlines that group facilitators can adapt to meet their own particular participant's and referring agent's needs. For example, Sessions 1, 2, and 3 contain open-ended discussions of the positive and negative consequences of substance use on major life areas. Session 3 includes information on the defences people use to avoid facing problematic substance use and Session 4



contains information on how people change. All the sessions include an examination of resources available for teens at any stage of change.

Self-evaluation techniques are also part of the series. The use and personal application of the 'Balance Beam' of use/abuse inherent in each of the sessions and the self-evaluation sections in the worksheets following each session encourage the participants in a re-evaluation of their behavior. Session 3 contains discussion around the values participants' hold regarding their relationships and how their use of substances may impinge upon these.

### **Referring Parties and the Model of Change**

Because this approach is directed towards youth at the precontemplative and contemplative stages of change as opposed to the action stage, referring parties sometimes express concerns about its non-judgmental and non-directive approach. In particular, parents may be concerned that their teens are not stopping their substance use immediately and may feel that the information series is not accomplishing anything. Explaining the change process to the referring party and/or the parent helps them understand the approach taken in the series and can give them some specific actions that they, too, can take. (See The AADAC Parent Handbook, 1996.)

This Information Series is for use with youth who may be experiencing some negative consequences resulting from their alcohol or other drug use. For those youth who are interested in taking immediate action, a referral can be made to AADAC for assessment, outpatient counselling, and/or intensive treatment.

# The Series

*Tipping the Balance* consists of four sessions, 90 minutes in length that can be used as a whole or in part. The original series upon which this resource is based runs after school hours over four weeks. The activities can be followed in the suggested sequence; however, it is recommended that you make choices about the activities in ways that best meet the needs of your participants.

A suggested outline is included for each session that provides some activities, discussion questions and procedures that we hope will be helpful to you as a guide when you are facilitating your own sessions.

## Suggested Outline

Each session consists of the following components:

### What Will We Accomplish?

includes the learning objectives for that particular session.

### Setting The Stage

is an introduction to the session and may include a warm-up activity such as an icebreaker, 'housekeeping' items, a description of the session and an outline of the content. Group expectations can be discussed at the outset of each session. Expectations may cover the following areas:

**Participation** — Participants should know what is expected regarding their participation in terms of — answering questions, giving ideas, actively watching videos, etc. Let the groups know that no one will be forced to participate.

**Confirmation of attendance** — If a referring party needs confirmation of attendance (i.e. school counsellor, probation officer, social worker) a confirmation card can be given

directly to the participant who can then pass it on as need be. Making the teen responsible for this helps reinforce the value of confidentiality as s/he is in control of this information flow. For example: "At your request, we can provide you with written confirmation of your attendance that you can pass on to your referring person. It is your responsibility to ensure this is done."

**Drug/Alcohol use** — Clarifying this expectation is important. For example: "Everyone is expected to come to group 'clean and sober'. If not, then you will be asked to leave but are welcome to return at a later date." Facilitators might require that participants refrain from substance use for a certain length of time prior to the session.

**Confidentiality** — Every agency has its own rules regarding confidentiality. AADAC's policy ensures that all contact an individual has with AADAC is made in confidence, with some specific exceptions. State at the beginning of the session that everything that is discussed in the room stays in the room and that this expectation extends to all group facilitators as well as the participants. Clarify that exceptions to this rule may occur in extreme cases where the facilitator is worried that someone is at risk to harm themselves and/or others, or if child abuse is suspected. If there are any agreements to provide written or verbal information directly to referring parties it is recommended you get written permission from the participant.

**Housekeeping** — addresses general items:

- ▶ rules on smoking,
- ▶ attendance requirements,
- ▶ breaks,
- ▶ tardiness,
- ▶ washroom location, etc.



Respect for others in the group — This is fundamental to running a ‘safe’ group for teens and often must be repeated at the beginning and during the sessions. An example of this might be: “All participants are expected to respect each other — e.g. only one person speaks at a time, no put-downs are allowed, etc.”

Facilitators are not to tell participants what to do or to convince participants that they have a problem with substances. Adolescence is a time when decisions are being made independently. This can cause friction between young people and the adults in their lives. By addressing this potential area of conflict directly at the outset of the information series and at the beginning of each session resistance goes down and participation goes up. For example the facilitator might say: “This series is an opportunity for you to get more information for yourself so you can make your own decisions regarding alcohol and other drug use. A lot of people have a difficult time looking realistically at their substance use, especially if there are people in their lives who have strong ideas about what they should be doing. We aren’t going to tell you what to do. We will, however, provide you with information on how substance use can affect people’s lives and give you some ideas of choices that are open to you and the help that’s available.”

Outline of the Series and Session: Briefly outlining the full series and the current session at the beginning of each group serves to emphasize the purpose and content of the series. The sessions are:

- ▶ **Session 1** — Mood-Altering Substances and Your Body
- ▶ **Session 2** — Mood-Altering Substances and Your Life
- ▶ **Session 3** — Mood-Altering Substances and Your Relationships
- ▶ **Session 4** — Finding the Balance

## **Suggested Activities**

includes suggested activities and ideas for covering the basic content of the session. Facilitators are encouraged to adapt the activities to meet the needs of their participants and to include their own ideas.

## **Self-Evaluation**

participants self-evaluate some of the concepts discussed in the content section.

## **Finding a Balance**

includes alternatives that are available to participants at different stages of change, including alternate behaviors.

## **Community Resources**

participants will become aware of what resources are available in their community.

## **Session Evaluation/Worksheet**

an evaluation component based on the learning objectives is included for each session. The worksheet quizzes participants on the information they have learned, asks them to re-evaluate their behavior or situation, encourages them to consider some courses of action and asks them to comment on how they feel about the session. This section may also include an introduction to the next session.

## **Session Information/Content**

at the end of each session there is basic information on the topic area. We encourage you to make use of your own resources for each session as well.

## **Additional Resources**

included is a list of additional resources that may be useful for you and for your participants.

## Points to Consider

### Non-judgmental Atmosphere

Our experience has shown that teens respond more favorably when there is an open and non-judgmental atmosphere focusing on people rather than on the substances used. Even resistant teens have been known to participate enthusiastically with adults who really listen to them without telling them what to do. They are more likely to welcome responsibility for their choices, accept information from adults, and build upon their strengths when exposed to a positive approach.

### Interactive vs. Lecture Style

Teens seem to respond best to an interactive style of facilitation, therefore the suggested activities are based on open-ended questioning, guided discussions and activities as opposed to lecture format. The expectations concerning respect for others and confidentiality set out in each session help free participants to participate openly.

### Inviting Participants Into the Process

Most of the adolescents who attend the Information Series have not chosen to attend, therefore inviting them into the process becomes very important. First and foremost, the information selected to present and the suggestions given regarding its presentation are intended to be non-judgmental. A variety of ways to facilitate the material is suggested, including discussion, videos and worksheets. Icebreakers are included in each session to further invite the participants into the process and to build rapport.

### Sessions Stand Alone

By and large the sessions can be used individually (rather than as part of a series). Participants can also have the flexibility to start at any point during the series and to choose their own sessions of interest and the order in which they complete them. Referral sources often find it useful to be able to refer without having to wait for the beginning of the next series.

**Facilitator's Notebook:** Throughout each session, comments are contained in "Facilitator's Notebook." These are intended as 'helpful ideas' for facilitators or further explanations of activities or content.

## The Balance Beam

Throughout the series we refer to the Balance Beam of Substance Use/Abuse. (See Session 1, Session Information.) The Balance Beam describes substance use as a chosen behavior based on an individual's notion of the balance between the positive and negative consequences of use. Parallel terms to positive and negative consequences include: intended and unintended effects or results, welcome and unwelcome effects, good and not-so-good effects, etc.



## **Session 1**

# **Mood-Altering Substances and Your Body**

### ***What Will We Accomplish?***

By the end of the session, participants will have an opportunity to:

- ▶ discuss the positive and negative consequences of the use of mood-altering drugs on a person's physical health.
- ▶ focus on the effects of alcohol on the body.
- ▶ discuss and reflect personally upon the 'balance beam' of drug use — i.e., the balance between positive (intended) and negative (unintended) physical consequences.
- ▶ consider some choices around alcohol and other drug use.

### **Setting The Stage** (10 minutes)

Icebreaker

Review Expectations

Outline Session 1

### **Suggested Activities** (60 minutes)

Readiness to Change Questionnaire

What is a Drug? What are Mood-Altering Drugs?

Mood-Altering Drug Groups

Alcohol and other Drugs and their Use

Why Do People Use Alcohol and other Drugs?

What Do People Dislike About Alcohol and other Drugs?

Short-Term Effects of Alcohol on the Body

How Do People Make Choices About Their Alcohol and other Drug Use?

The Balance Beam of Alcohol and other Drug Use/Abuse

### **Self-Evaluation** (4 minutes)

Where am I?

### **Finding a Balance** (1 minute)

Making Changes

### **Community Resources** (5 minutes)

List of Contacts/Phone Numbers

### **Session Evaluation** (10 minutes)

Evaluation/Worksheet

### **Session Information/Content**



## Setting The Stage

(10 minutes)

### Icebreaker

have each participant state their name in turn and what they would like to get out of the information series or why they are attending the series.

### Review Expectations

**Facilitator's Notebook:** Teens seem to participate better (more often and more appropriately) when they know the 'rules of the game' or the expectations. Here are some areas you may want to address as part of your expectations.  
(See the Introduction for more details.)

- ▶ Purpose of Tipping the Balance
- ▶ Participation
- ▶ Confirmation of Attendance
- ▶ Drug/Alcohol use
- ▶ Confidentiality
- ▶ Housekeeping
- ▶ Respect for others in the group
- ▶ We're not here to tell you what to do . . .

### Outline Session 1

Session 1 will cover general addictions information and the positive and negative effects that alcohol and other drugs have on physical health. Participants will learn how people make decisions about using alcohol and other drugs based on the consequences.

**Facilitator's Notebook:** Opening up with an outline of the current session is helpful to bring participants 'together' in the same space and keep them from asking when you will be finished.

## Suggested Activities

(60 minutes)

**Facilitator's Notebook:** Choose the activities from the following suggestions that will best meet the needs of your group. Not all of the activities will fit into a 60 minute time period. If you have a very talkative group, you may want to limit the number of activities you facilitate, or extend this session into two sessions. You may want to refer to the section entitled "Session Information/Content" starting on page 19 to give you sufficient background information to assist in facilitating this session.

### Readiness to Change Questionnaire

Have participants complete the Readiness to Change Questionnaire Worksheet 1, on page 13 at the start of this session and at the end of the last session to help determine if there has been a shift in motivation during the information series.

### What is a Drug? What are Mood-Altering Drugs?

Brainstorm what the participants know about mood-altering drugs (i.e., those that change the way we think, feel and act).

## Mood-Altering Drug Groups

Discuss the groups of mood-altering substances. Some suggested questions for discussion:

- ▶ How do mood-altering substances affect the body?
- ▶ What are the main groupings of drugs?  
What are some examples that fall under each group?
- ▶ Are there any classifications you were not aware of? (such as alcohol being a depressant or downer?)

**OR**

(Optional)

Show a video that introduces mood-altering drugs then discuss the questions above.

**OR**

(Optional)

**“Mix it Up”**

Participants are divided into three groups: **uppers**, **downers** and **all-arounders** (or into groups that correspond with the drug groupings illustrated by your discussion or chosen video).

- ▶ Everyone sits in a circle — on chairs or on the floor.
- ▶ One person goes into the middle of the circle and calls out a drug type.
- ▶ Participants in that group switch places with each other and the original person in the middle tries to get one of the vacated spots.

The objective is to find a new place and not have to be in the middle. If the person in the middle calls out “Mix it Up,” everyone switches places.

Variation: The person in the middle calls out a specific drug (e.g. alcohol) and the members of the appropriate drug group (i.e., downers) switch places.

***Facilitator's Notebook:** This activity is best in groups of at least 12 young people.*

## Alcohol and other Drugs and their Use

Discuss:

- ▶ What are the most abused mood-altering drugs?
- ▶ What kinds of things will affect how intensely a person feels the effects of drugs?
- ▶ What are the factors that influence how a person will feel the effects of alcohol?

## Why Do People Use Alcohol and other Drugs?

Brainstorm why people use mood-altering substances, focusing on physical effects. Write this list, or have a volunteer write the list, on the left-hand side of a blackboard or flip chart under a positive (+) sign.

## What Do People Dislike About Alcohol and other Drugs?

Brainstorm a list of negative physical consequences of substance use. Check for understanding and probe participants for a complete list. You might want to highlight those negative consequences that require professional assistance (such as overdosing, acute withdrawal, etc.). Write this list on the right-hand side of the blackboard or flipchart under a negative (–) sign.

**OR**

(Optional)

Play a variation of “Mix it Up” where the person in the middle calls out a positive or a negative consequence and the individuals in the drug group(s) that best fit that consequence switch places.

## Short-Term Effects of Alcohol on the Body

**Facilitator's Notebook:** A fairly detailed discussion of how alcohol (in particular) acts on the central nervous system can help illustrate how although alcohol is a depressant, it is often misconstrued as a stimulant. This discussion also helps illustrate the risks of drinking and driving and the risks associated with passing out while under the influence.

Using Transparency 1 — The Brain, page 17, explain the progressive effects of alcohol on the brain and emphasize by pointing out the appropriate part of the diagram.

**Facilitator's Notebook:** Refer to pages 19 under "Session Information/Content," for background information that answers the following questions.

Discuss:

- ▶ What is "numbed" first in the brain when someone has a drink or two?
- ▶ What's next? And so on?
- ▶ What happens to caution? Memory? Judgment? Vision? Coordination and Balance?
- ▶ If all these functions are numbed by alcohol, what are some activities that become risky?
- ▶ What happens when the most vital part of the brain becomes numb?
- ▶ What are the risks associated with losing consciousness?
- ▶ What should you do if you're at a party and someone is passed out?
- ▶ What is alcohol poisoning?

## How do People Make Choices About Their Alcohol and other Drug Use?

Summarize and introduce how the use of mood-altering substances holds both positive as well as negative effects for people. Some people have more positive than negative consequences while others might experience more negative than positive consequences. People make choices about their alcohol and other drug use based on how they view and value those consequences. Viewing substance use as a balance beam helps us understand the choices that people make.

## The Balance Beam of Alcohol and other Drug Use/Abuse

Using Transparency 2 — The Balance Beam, page 18, explain the concept of balance bringing out the following points:

- ▶ substance use holds **positive as well as negative** consequences for the user
- ▶ people make **choices** about using based on their view of the balance of these consequences
- ▶ most people stay at #1, a few move on to #2, while even fewer move to #3
- ▶ different life areas may be affected differently by the same drug
- ▶ a person could be at one balance beam for one drug, while at another balance beam for a different drug

Discuss:

- ▶ Is it possible that people have different opinions about what are positive and negative consequences?
- ▶ How do people make choices based upon the consequences they experience due to their alcohol and other drug use?
- ▶ What do people do about their alcohol and other drug use at each level?
- ▶ Is it possible to 'move backwards' i.e., from #3 to #2 or #1? How would someone do that?



**Facilitator's Notebook:** The balance beam model works best when the facilitator accepts where the teens are at. Following basic brainstorming rules such as non-judgmental listening may lead to some 'unusual' suggestions but serves to encourage participants to contemplate their own situation with less resistance.

**Facilitator's Notebook:** The individual responses to these self-evaluation questions may be shared with the group or kept private for each individual depending upon each group.

## Self-Evaluation

(4 minutes)

### Where am I?

This is an opportunity for participants to reflect upon the positive and negative physical consequences that substances have for them.

Discuss:

- ▶ Where do you think you are in terms of the balance beam of physical consequences that you are experiencing regarding your drug use?
- ▶ Where would you like to be at?
- ▶ What kind of information, help, skills, etc. do you need in order to make those changes?

OR

(Optional)

Ask participants to draw on a piece of paper the balance beam diagram that best describes their "state" of balance for their alcohol and other drug use. Or ask people to indicate their "state" by raising their hands to correspond with the appropriate balance beam diagram on Transparency 2.

OR

(Optional)

Worksheet 2, page 14: Ask participants to reflect on their use of alcohol and other drugs in order to give them a clearer picture of where they may be at on the balance beam.

## Finding a Balance

(1 minute)

### Making Changes

If someone has reached #2 or #3 as represented by the balance beam and wishes to change they can do so. It may appear hopeless to someone who is in a situation where the negative consequences are over-shadowing the positive ones, but a lot of people make positive changes for themselves everyday on their own or with help.

## Community Resources

**(5 minutes)**

If you feel you need to do something about the negative physical consequences of your alcohol or other drug use or if you need more information to make decisions, here are some community resources you can use.

### List of Contacts/Phone Numbers

local addictions counselling office

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self-help groups (NA, AA, etc.)

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counsellors

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---

crisis centres

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---

detox centres/hospitals

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---

---

doctors

---

---

teachers

---

---

parents

---

---

friends

---

---

others

---

---

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## Session Evaluation/ Worksheet

**(10 minutes)**

Discuss with participants what they liked best about the session and what they would like to change about the session.

OR

Worksheet: Have participants complete Worksheet 3, page 15, that measures how much they retained from the session, their own self-evaluation and an evaluation of their experience in the session.

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## ***Worksheet 1: Readiness to Change Questionnaire***

Mark the statement that best describes the way you are feeling about your situation today.

- ☐ I am not worried about my use of alcohol or other drugs, and I am here only because someone else requested I come.
- ☐ I am not sure if I have a problem with alcohol or other drugs.
- ☐ I know I have a problem with alcohol and other drugs, but I am not sure how to change it.
- ☐ I am ready to make changes, and I am here to get help to make those changes.
- ☐ I have already made the changes I need to make and I want help to maintain those changes.



## Worksheet 2: Current Alcohol and other Drug Use Inventory

### One Standard Drink of:

Beer is (12 oz)

Wine is (5 oz)

Spirits is (1.5 oz)

### Standard Drinks per Bottle:

1.0

5.4 in 750 ml

7.1 in 1.0 L

8.7 in 375 ml

17.4 in 750 ml

26.5 in 1.14L

### Fill in your use of alcohol:

Consumption	Past 30 Days	Past 30-60 Days	Past 61-90 Days
0 Drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-3 Drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-6 Drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7+ Drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fill in your use of drugs:

Drugs used (Rank Order)	Daily (5+ Days)	Weekly (1-4 Days)	Occasional (less than 1/Week)	Binges
1.				
2.				
3.				
4.				
5.				

## Worksheet 3: Mood-Altering Substances and Your Body

1. What are the three groups of mood-altering drugs?

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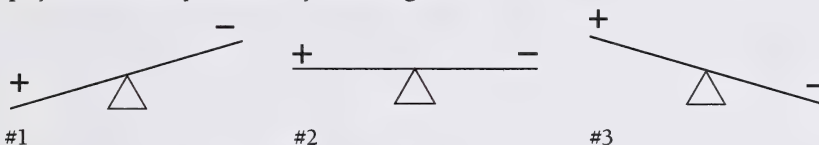
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2. Match the following:

- a) increased tolerance
- b) physical dependence/addiction
- c) psychological dependence/addiction
- d) withdrawal
- e) blacking out

- \_\_\_ the reaction the body has after the drugs are out of the person's system
- \_\_\_ when a person permanently forgets some things that happened while under the influence of a substance
- \_\_\_ when a drug user's body becomes so used to the drug that it can't function normally without it
- \_\_\_ when a drug user becomes preoccupied with using the drug, believing that he/she can't cope without it
- \_\_\_ when a drug user's body gets used to the drug and the person needs more and more of the drug to feel the same effects

3. Circle the following that best describes your state of balance regarding the physical consequences of your drug use.



4. What do you need to do about this?

- a) nothing
- b) talk to someone
- c) wait and see
- d) make an appointment with an addictions counsellor
- e) other? \_\_\_\_\_

5. What did you like best about the session?

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6. Circle the point on the line that best describes how you felt *before* you came to this session.

0      1      2      3      4      5      6      7      8      9      10

I totally did not want to come      I wasn't sure if I wanted to come      I really wanted to come

7. Circle the point on the line that best describes how you feel now after having gone through this session?

0      1      2      3      4      5      6      7      8      9      10

I totally do not want to return      I'm not sure if I want to return      I really want to return

8. What would you like to see changed in this session? How would that be helpful for you?

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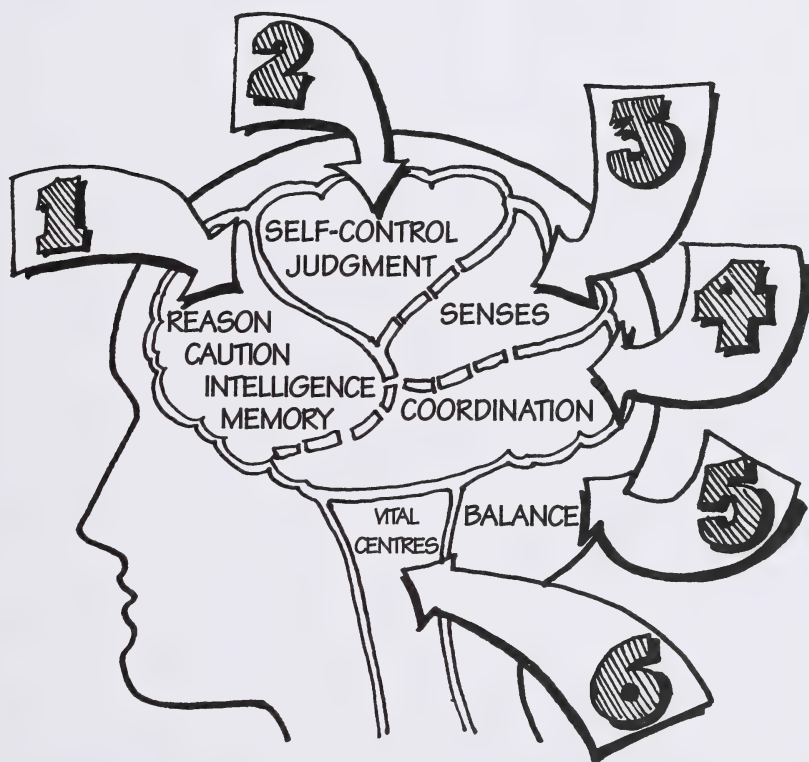
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## Transparency 1: The Brain

# THE BRAIN

WHERE ALCOHOL HAS THE GREATEST EFFECT!



POORER AND SLOWER • MEMORY • DECISIONS  
• SELF-CONTROL

---

## Transparency 2: The Balance Beam

#1



#2



#3



## Session Information/ Content

### What is a Drug?

A drug is any substance, other than food, which is taken to change the way the body or the mind works. By this definition nicotine, heroin, alcohol and even antiperspirants are all drugs because they change the way the body or the mind works. Drugs can occur naturally (e.g. opium, caffeine, tobacco) or can be manufactured in a lab (e.g. Valium, Prozac). They may be legal or illegal.

### Mood-Altering Drugs

Mood-altering drugs (MAD) or psychoactive drugs can change or affect the way a person thinks, feels, or acts. These drugs usually have physical effects as well, but it is their ability to work on the mind that sets them apart from other drugs. Because they can affect moods, they can be very attractive to some people and at the same time can cause them many problems.

### Mood-Altering Drug Groups

One way of classifying mood-altering substances is into the following six main groups — **hallucinogens, narcotic analgesics, sedative-hypnotics, tranquilizers, stimulants and cannabis**. A summary of these groups and their main effects follow this section. For adolescents, it is helpful to collapse the six categories into three simpler groups: **uppers, downers** and **all-arounders**. **Uppers** are equivalent to stimulants; narcotic analgesics, sedative-hypnotics and tranquilizers are under the category of **downers**; and hallucinogens and cannabis are under the category of **all-arounders**.



## Classes of Drugs

There are six main classes of mood-altering drugs. The following should be sufficient information for most audiences.

Class	Description	Drugs
<b>Hallucinogens</b>	Also known as psychedelics, they dramatically affect perception, emotions and mental processes. They distort the senses and can cause hallucinations. There is no currently accepted medical use for these drugs.	LSD — acid, blotter PCP — angel dust, elephant, hog MDA MDMA — ecstasy MESCALINE or PEYOTE PSILOCYBIN — magic mushroom
<b>Narcotic Analgesics</b>	Powerful painkillers that may also produce a euphoric sense of well-being. Also used to suppress coughs and control diarrhea. Some are natural, others are produced in labs.	OPIUM CODEINE MORPHINE HEROIN — H, horse, junk, smack DEMEROL® NOVAHISTEX-DH® PERCODAN® TALWIN®
<b>Sedative-Hypnotics</b>	Drugs that cause a slowing down, or depression, of the central nervous system. Solvents/inhalants are included as they have similar effects. Sedative-hypnotics were first prescribed as sleeping pills.	SECONAL® — reds, birds, red devils NEMBUTAL® — yellow jackets AMYTAL® — blue heavens TUINAL® MANDRAX® DALMANE® HALCION® ALCOHOL SOLVENTS/INHALANTS
<b>Tranquilizers</b>	Drugs that produce calm without the drowsiness associated with sedative-hypnotics. Commonly prescribed for anxiety, muscle relaxants, nervousness, and sleeplessness.	VALIUM® LIBRIUM® SERAX® ATIVAN® XANAX® QUAALUDE
<b>Stimulants</b>	Drugs which excite or speed up the central nervous system. Generally used to increase alertness and endurance, and for feeling of euphoria and well-being. Stimulants have limited medical use.	DEXEDRINE® — dexies METHEDRINE® — speed RITALIN® COCAINE — coke, snow, flake, crack TOBACCO CAFFEINE
<b>Cannabis</b>	Cannabis does not fit in any of the other groups because it generally has depressant effects, yet increases the heart rate. The effects on the nervous system include impairment of motor skills which can result in impaired driving, and psychological effects including feelings that range from well-being and exhilaration to anxiety and fear.	MARIJUANA HASHISH HASH OIL THC

## Alcohol and other Drugs and their Use

How intensely a person feels the effects of a particular type of drug depends on these factors:

**Dose** — the amount consumed. For prescription or non-prescription medication the amount is normally written on the label. For illegal drugs the dose is often unknown e.g. cannabis THC levels will differ depending on the strain of the plant and cultivation techniques. For man-made drugs potency will vary according to how the drug is made, how carefully it is made, and purity of the ingredients used. For alcohol, dose can be estimated using the concept of a “standard” drink.

1 regular beer = 4-5 ounces of wine =  
1 1/2 ounces of hard liquor or liqueurs

**Absorption** — for a mind-altering drug to effect the brain it must be able to pass through the walls of the small intestine, lungs, mucous membranes, etc. in order to be absorbed into the bloodstream and then absorbed into the small capillaries of the brain. How quickly a mind-altering drug enters the bloodstream and the brain depends on the route or mode of administration. Routes most commonly used are:

- ingestion (oral)
- inhalation
- absorption across mucous membranes
- injection.

**Distribution** — the bloodstream takes the drugs to where they will act on the body. This distribution is uneven as some drugs bind easily to blood particles; some dissolve in body fat; and some may be deposited in bone tissue. Drugs must be fat-soluble in order to enter the brain.

**Elimination** — as a drug absorbs into the body, the concentration in the bloodstream will decrease due to the drug being metabolized and eliminated from the body. Drugs are eliminated:

- in the urine,
- in the feces, and,
- through the lungs.

**Metabolism** — in order for drugs to be eliminated by the body, substances that are fat-soluble are changed into water-soluble by-products.

## Invisible Drugs

There are three mind-altering drugs whose use is so widespread and common that they are rarely thought of as drugs: alcohol, coffee (caffeine), and tobacco (nicotine). These drugs are among the most abused of the mood-altering drugs.

## Alcohol Information

When a person drinks alcohol, the effects a person will feel depends on things like their size, gender, how they feel, how fast they drink, and what they have eaten.

## Your Size

Our bodies are two-thirds water. This means that a heavier person will not feel the effects of a drink as much as a lighter person. This is because the heavier person has more water in their body to absorb the alcohol. The alcohol is therefore more diluted in their system.

## Gender

Women become more intoxicated than men on the same amount of alcohol, even when they weigh the same. Women have a higher body fat to water ratio than men, and therefore less water with which to dilute the alcohol. Also women tend to be smaller, and smaller people have less water in their systems to dilute the alcohol.

Women often cannot predict the effects of the same amount of alcohol because of the variations in hormones caused by their menstrual cycles.

The presence of birth control pills will slow the metabolism of alcohol, resulting in a longer time to reach a blood alcohol concentration of zero.

In men, up to 30% of the alcohol consumed is broken down by a special stomach acid called ADH. Because women have less of this chemical, little if any alcohol is broken down in the stomach. It is instead absorbed into the bloodstream.

Health-related problems from the use of alcohol develop at an accelerated rate in women. This is called “telescoped development.”

### How You Feel

Everyone experiences the effects of alcohol differently. If you are in a good mood you may feel the effects more quickly, whereas if you feel down you may feel the effects more slowly.

### How Fast You Drink

Your body gets rid of alcohol in three ways:

- ▶ about 5% of the alcohol leaves the body through breath, sweat, and urine,
- ▶ in men, up to 30% of the alcohol is broken down in the stomach by the stomach acid called ADH. Women have less of this chemical, so little alcohol is broken down there, and
- ▶ the remaining alcohol is broken down by the liver.

Your liver breaks down alcohol at a set speed of about one regular drink per hour. If you drink more than one drink per hour, the excess alcohol sits around in the blood until it can be broken down by the liver. In the meantime, you feel the effects of this “extra” alcohol.

This process cannot be hurried up. Drinking coffee or taking a cold shower will not speed up the liver in breaking down the alcohol. Sometimes, due to a high intake of alcohol, people may still have high levels of alcohol in their blood the next day. This means they can still be charged with impaired driving long after they stop drinking.

### Blood Alcohol Concentration (BAC)

Blood alcohol concentration is the measure of how much alcohol is in the bloodstream. BAC is the balance of two processes: how much and how fast a person drinks, and how fast the liver breaks down the alcohol. A commonly understood example where BAC levels are used is the legal driving limit, which is .08% BAC.

### Why Do People Use Alcohol and other Drugs?

People use mood-altering drugs in order to achieve certain results, like to relax, socialize, or enhance an already pleasant situation. Some of these intended effects are physical in nature and they relate to the classes of drugs discussed above.

#### Positive physical consequences:

- ▶ to relax
- ▶ to increase energy
- ▶ to sleep
- ▶ to wake up
- ▶ to relieve pain
- ▶ to perform better
- ▶ to hallucinate
- ▶ to feel high

### What Do People Dislike About Alcohol and other Drugs?

Most people who take mood-altering substances do so to attain the above noted positive physical consequences. There are, however, some

#### Negative physical consequences:

- ▶ Tolerance — with regular use over time, the body adapts to the presence of alcohol/drugs so that the user needs more and more of the drug to get the same effect. This increases the risk of overdose and gives a person a false sense of not being affected by the alcohol/drug.



- Physical dependence or addiction occurs when a drug user's body becomes so used to alcohol or another drug that it can function normally only when the alcohol or drug is present. In the absence of the alcohol or drug, the user will experience withdrawal.

**Facilitator's Notebook:** For the younger user, looking for dramatic signs of drug "addiction" in terms of physical dependence may lead to an **underestimation** of the problem; assessing any drug use as "addiction" may lead to an **overestimation** of the degree of difficulties.

- Psychological dependence or addiction is when a person holds a belief that his or her thoughts, emotions and activities would be less satisfying or even impossible without alcohol or other drugs.
- Withdrawal is the adjustment by the body to the removal of alcohol or another drug. The symptoms range from mild discomfort to life-threatening convulsions. Withdrawal symptoms tend to be opposite to the effects of the drug. The effects gained from a drug may be viewed as a loan which must be repaid. For example, all the extra energy 'loaned' to the body from stimulant use must be 'paid back' with extreme fatigue and depression during withdrawal. The opposite occurs with depressants. The body has been held back or depressed, for so long that when drug use stops the body reacts by speeding up (like a balloon that has all the air let out of it at one time). This is what causes the shakes and *delirium tremens* associated with alcohol withdrawal.
- Black outs result from severe memory impairment caused by alcohol. They are periods when a person is conscious and functioning, but is later unable to recall what they did or said.

- Passing out occurs when a person uses enough of a drug to lose consciousness. It is different from sleeping in that the person can't be roused. A danger is that if left unattended, a person who is passed out could suffocate if they throw up.
- An overdose occurs when the body's systems are overloaded with alcohol or other drugs and it cannot cope with the amounts, and sometimes the combination, of drugs present. An overdose can cause serious and sudden physical or mental damage and it may or may not be fatal.
- Mixing drugs — many drugs become dangerous when mixed with other drugs. People may intentionally mix drugs to try to reduce unwanted side effects or to increase desired effects. People may sometimes unknowingly mix drugs; users of street drugs may not know what is in the drugs they buy and prescription drug users often do not realize they are mixing drugs if they drink alcohol or use other drugs at the same time. The effects may be additive ( $1 + 1 = 2$ ), synergistic ( $1 + 1 = 5$ ) or unpredictable ( $1 + 1 = ??$ ). Sometimes alcohol or other drug use can interfere with the desired effects of prescription drugs.
- HIV/AIDS risk — drug users who inject drugs with shared or non-sterile hypodermic needles risk getting infected with the HIV virus or serum hepatitis. Drinking and other drug use may impair a person's judgment and lower inhibitions. This can result in not using safe sex precautions.

## Other Negative Physical Consequences:

- long-term physical damage to organs (stomach, heart, liver, etc.)
- hangovers
- throwing up
- 'bad trips', flashbacks
- physical risk-taking (e.g. drinking and driving, taking chances)

- ▶ risks relating to ingestion methods (infections from needles, communicable disease, risks associated with smoking, etc.)
- ▶ increased tolerance to pain can lead to injuries
- ▶ weight gain (empty calories from alcohol, munchies)
- ▶ poor fitness
- ▶ sleeping problems
- ▶ acne

### Short-Term Effects of Alcohol on the Body

The brain is the part of the nervous system most obviously affected by alcohol. Although alcohol is a depressant, the early effects on the drinker are often increased activity and decreased inhibition. This leads us to believe that alcohol is actually an upper (stimulant), not a downer (depressant); however, the increased activity occurs as an indirect result of the depression of the inhibitory and behavioral control centres of the brain. In other words, our usual judgment and control is 'numbed' by the alcohol which allows us to be less inhibited, more confident, talkative, etc.

Over time as an individual continues to drink there are increasing effects on the brain and other parts of the nervous system. After one drink a person will feel more relaxed and possibly "loosened up" a little. If the person drinks more, they may tend to feel friendly, jovial, relaxed and more self-confident. However, some people can become hostile, depressed and withdrawn and still others may experience mood swings. Continued drinking impairs thinking and memory which can lead to decreased insight and impaired judgment as well as difficulty concentrating and communicating. Ability to estimate distance and perception of time may also be impaired. Reflexes may be reduced and reaction times increased. In some cases, speech will be slurred and normal walking and motor activities may become difficult.

The progression of the effects of alcohol on the body is as follows:

- ▶ person becomes relaxed, loose
- ▶ friendly and self-confident
- ▶ thinking/memory is impaired
- ▶ insight/judgment is decreased
- ▶ eyesight is affected (eye muscles relax which can lead to blurred vision, slower pupil constriction in response to glaring lights, double vision, impaired depth perception and reduced peripheral vision)
- ▶ judgment of distance/time is impaired
- ▶ reflexes are reduced/reaction times increased
- ▶ speech is slurred
- ▶ walking/motor activities become difficult
- ▶ person may become extremely friendly to outright aggressive
- ▶ person may have abrupt mood swings/reduced level of frustration tolerance
- ▶ alcohol increases stomach secretions
- ▶ dilates blood vessels in the skin causing loss of body heat
- ▶ pain perception is reduced
- ▶ heartrate/breathing becomes depressed, i.e. 'alcohol poisoning' (see discussion of this below)

All these add up to an impaired ability to perform complex tasks such as driving.

Driving is affected because the amount of input the driver receives is reduced (sight, attention, deep muscle sense), his/her ability to interpret the information he/she does receive is reduced, his/her ability to make a good decision is reduced (judgment, memory, reason) and the ability to respond accurately is gone (muscles relaxed).



**Facilitator's Notebook:** A word on 'alcohol poisoning' . . . Some teens report having experienced or knowing someone who has experienced 'alcohol poisoning'. Factual information on this term, including its definition, is hard to find, however Doweiko discusses the symptoms of 'above-normal doses' for the average drinker as including serious difficulties in reaction times, staggering, thinking problems and surgical anesthesia. He further states: "the amount of alcohol in the blood necessary to bring about a state of unconsciousness is only a little less than the level necessary to bring about a fatal overdose of alcohol. Thus, when a person drinks to the point of losing consciousness, he or she might be dangerously close to overdosing on alcohol." At these levels, the nerves that control respiration have been interfered with and there is a danger that regurgitation while a person is unconscious can lead to asphyxiation. Rapaport provides more detail. "The symptoms of an alcohol overdose may occur when a person has been drinking: the drinker does not respond to being talked to or shouted at; does not respond to being pinched, shaken or poked; cannot be stood up, will not wake up; may have slow, labored, or otherwise abnormal respiration; may have a purplish color or clammy feeling skin; and may have a rapid pulse rate, irregular heart rhythm, lowered blood pressure or respiratory depression." Both authors emphasize the seriousness of this situation advising that unconscious persons not be left alone and that medical intervention be sought.

## Long-Term Effects of Alcohol on the Body

**Facilitator's Notebook:** Long-term effects are seldom evident with young drinkers. It is the short-term effects that present the serious risks, especially of accidental injury or death while driving under the influence.

Regular heavy use increases the possibility of:

- ▶ disrupted sleep
- ▶ pancreatitis, liver disease
- ▶ depression of immune system
- ▶ certain gastrointestinal cancers
- ▶ heart disease
- ▶ brain/nerve damage
- ▶ in men, impotence, sterility, atrophy of testes and enlargement of breasts
- ▶ in women, menstrual irregularities and early menopause

### Withdrawal:

- ▶ fatigue, tremulousness, irritability, difficulties sleeping, profuse sweating, agitation, headache, nausea, vomiting, rapid heartbeat, shaking
- ▶ with regular heavy use: convulsions and/or delirium tremens may occur (severe agitation, extreme confusion and disorientation, dilated pupils, fever, rapid heart rate, hallucinations)

### How do People Make Choices About Their Alcohol and other Drug Use?

There are a number of ways to understand how youth make choices regarding substance use. For this series it has been useful to use a simplified approach that presupposes that people make choices about using or not using based upon their awareness, perceptions and



values regarding positive and negative consequences. These positive and negative consequences can be seen to be 'weighed' against each other on an imaginary scale or 'teeter-totter' and the relative weighting (heavier, lighter or equal) gives three possible states of 'balance'. Note: In this section we are focusing upon the consequences as they affect the body, but this model works equally well when discussing other life areas. (See Sessions 2 and 3.)

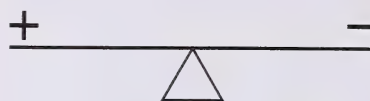
### The Balance Beam of Alcohol or other Drug Use/Abuse

**Facilitator's Notebook:** This explanatory approach was developed to provide a simplified and non-judgmental approach to looking at substance use and abuse. It consists of three balance beams, each in a different state of "balance."



#### Balance #1 — Use

The first state is when the positive consequences of drug use outweigh those that are negative. With adults, this would be described as 'social use', where the user experiences the positive consequences of use with a minimum of negative consequences. The vast majority of people would fall into this.



#### Balance #2 — Misuse

The second configuration is where the negative consequences are becoming more 'weighty' and the positive ones are becoming less so. A user at this stage is still experiencing some of the positive effects of the drug, but is also having to cope with increasing negative effects. At this point, the positive consequences from the drug use may have changed over time, i.e. from having fun, to coping with problems.



#### Balance #3 — Abuse

A very small group of users over time may reach a final balance beam situation where the negative effects of mood-altering substances greatly outweigh the positive ones. There are very few positive consequences remaining and the negative consequences can be very overwhelming.

For each person's life areas, the positive and negative effects may be different. For example, you might experience a number of negative effects on your school and family life while at the same time continue to experience positive effects in the areas of emotions or relationships with friends.

At any point an individual may be at a different balance beam for different drugs as well. For example, you might be at the "abuse" level for one drug while at "misuse" for another.

**Additional Resources: \***

*ABCs of . . . Cannabis, Talwin & Ritalin,  
Amphetamines, BAC, Cocaine, Crack, Inhalants,  
LSD, Tobacco, Sedatives, Steroids, PCP, Alcohol,  
Binge Drinking, Gravol, Opiate Narcotics,  
Tranquilizers, Social Drinking, Problem Gambling*

*Straight Facts*

*Quick Facts*

*Planning Ahead*

*Youth Tip Sheet — Is This Confidential?  
— Problem Use? It Can't  
Happen to Me*

\*(Available from local AADAC offices)

## **Session 2**

# **Mood-Altering Substances and Your Life**

### ***What Will We Accomplish?***

By the end of the session, participants will have an opportunity to:

- ▶ discuss the positive and negative consequences of the use of mood-altering drugs on the life areas of Education/Work, Psychological, Leisure, Legal and Spiritual. (Note: relationships will be discussed in Session 3.)
- ▶ focus on the effects of cannabis on the body.
- ▶ discuss and reflect personally upon the “balance beam” of alcohol/drug use/abuse as it pertains to the positive and negative consequences in those major life areas.
- ▶ consider some personal choices around alcohol and other drug use.

### **Setting The Stage** (10 minutes)

Icebreaker

Review Expectations and Housekeeping

Outline Session 2

### **Suggested Activities** (60 minutes)

Major Life Areas (Leisure, Education, Work, Psychological, Spiritual)

Consequences of Substance Use In Our Lives

Positive Effects

Negative Effects

Short and Long-Term Effects of Cannabis Use on the Body

### **Self-Evaluation** (5 minutes)

Where am I?

### **Finding a Balance** (3 minutes)

Making Changes

### **Community Resources** (2 minutes)

Review

### **Session Evaluation** (10 minutes)

Worksheet

### **Session Information/Content**



## Setting The Stage

(10 minutes)

### Icebreakers

#### “Leisure List”

Equipment needed:

1. flipchart paper or blackboard
2. markers or chalk

Participants get into pairs. The facilitator or a participant could suggest a word related to a leisure activity. The facilitator writes the word on a flipchart or blackboard. Then each pair is given 60 seconds to write down a list of leisure activities that starts with each letter in the word. e.g. the word “leisure” would provide the letters L-E-I-S-U-R-E. At the end of 60 seconds, all the activities are listed by the letters on the flipchart.

Scoring: pairs get one point for each activity they wrote down that is not duplicated by any of the other pairs.

(For example, if the letters ‘A,’ ‘Q’ and ‘S’ are on the flipchart or blackboard, one list might have Archery, Quilting, and Soccer, another list might have Apple picking, Quiet time and Soccer. In this case each pair gets 2 points.)

OR

#### “Breaking the Ice”

The facilitator goes around the group one by one and asks the participants to each answer the same question(s).

Suggested questions:

1. What’s the best movie you have ever seen?
2. Who is the most important person to have lived during your lifetime?
3. If you could be an animal other than a human, what would you be, and why?
4. If you had \$5,000, what would you do with it?
5. My favorite entertainer is . . .

### Review Expectations

- ▶ Purpose of *Tipping the Balance*
- ▶ Participation
- ▶ Confirmation of Attendance
- ▶ Drug/Alcohol use
- ▶ Confidentiality
- ▶ Housekeeping
- ▶ Respect for others in the group
- ▶ We’re not here to tell you what to do . . .

### Outline Session 2

This session covers the positive and negative consequences that alcohol and other drugs have on a variety of life areas and looks at how people make decisions about using drugs based on these consequences.

## Suggested Activities

(60 minutes)

**Facilitator’s Notebook:** Choose the activities from the following suggestions that will best meet the needs of your group. Not all of the activities will fit into a 60 minute time period. You may want to refer to the section entitled “Session Information/Content” starting on page 36 to give you sufficient background information to assist in facilitating this session.

### Major Life Areas

Brainstorm what are some life areas and responsibilities that are important to you?

List on a flipchart the areas brainstormed by the participants. These may consist of the following: self-confidence, self-esteem, emotions, leisure, legal, school, work and

other obligations. (Note: the area of relationships will be considered separately in Session 3.)

**Facilitator's Notebook:** Some additional probing questions might be needed like — What are some of the things you have to do? When a famous rock star, athlete, actor, etc. gets up in the morning what does his/her life consist of? What does he/she have to do?

## Consequences of Substance Use In Our Lives

Brainstorm as a group the positive and negative consequences of substance use on each life area.

OR

Brainstorm as smaller groups. Have each group take responsibility for one life area, and record on flipchart paper the positive and negative consequences of substance use on their life area, with the goal of 'reporting' back to the larger group.

**Facilitator's Notebook:** Spending time and effort on drawing out the positive consequences has a number of benefits. Most adults may deny the positive feelings and experiences. To explore what a participant likes about alcohol and other drugs can serve to acknowledge and validate the reality of the participant's feelings. It can also have an interesting effect of causing the participants to argue in favor of the negative consequences long before the positive list is exhausted! Fleshing out the positives helps people become more aware of their decision-making processes and of the needs they

*are meeting through alcohol and other drug use. If someone quits or cuts down on their use this awareness can help them seek healthier alternatives to meet their needs.*

## Positive Effects

Discuss what are some of the positive consequences that you experience from using substances?

**Facilitator's Notebook:** Refer to chart in Session Information/Content for a list of consequences, pp. 38-39.

### Leisure

- Why do people drink in leisure situations? (to fit in, for fun, habit, etc.)
- How does substance use affect our leisure choices in a positive way? (to give us more choices, to alter an experience, for something to do)

### Education

- What do you like about using substances at school? (to relieve boredom, to have something 'grown up' to do, to focus better, to get along with others better, to make us more creative, etc.)
- How else does using substances help us with school? (to cope with problems and pressures, etc.)

### Work

- What could be some of the benefits of using drugs/drinking while at work? (to relieve boredom, to cope with pressures, to focus better, to get along better with co-workers, etc.)

## **Psychological**

- ▶ What moods are we trying to alter by using substances?
- ▶ Why does drinking or other drug use boost our confidence?
- ▶ What are some of the positive effects substance use can have on our self-esteem?
- ▶ How do substances help us cope with problems?
- ▶ Why are alcohol or other drugs attractive to people going through a rough time in their life? (like moving to a new school, parents getting divorced, abuse at home, poor self-esteem, etc.)

## **Spiritual**

- ▶ What do we like about the effects of substance use on our spiritual life?

## **Negative Effects**

Discuss what are some of the things we don't like or the negative consequences that you experience from using substances?

## **Leisure**

- ▶ What happens to our leisure choices when substance use/abuse is involved?
- ▶ In what cases might substance use be dangerous in leisure situations?

## **Education**

- ▶ How can substance use negatively affect our school performance? (skipping, low motivation, going to class high or burned out, picking fights with teachers and other students, suspension/expulsion from school, etc.)

## **Legal**

- ▶ What kinds of legal troubles do people get into when they abuse substances? (engaging in crime because of impaired judgment, engaging in crimes to get money for use,

substance use itself is usually illegal for adolescents, violent crimes, bad attitude toward people in authority, etc.)

## **Work**

- ▶ How can work performance be affected by substance abuse? (arriving late, missing days, decreased productivity, accidents, getting fired)

## **Psychological**

- ▶ In what ways can substance use actually decrease our confidence?
- ▶ What happens to someone who uses a substance in order to do something he/she should be able to do on his or her own? (e.g. cope with stress, have fun, deal with problems, meet people, relax, etc.)
- ▶ What happens to our moods when we are craving substances? (think about someone quitting smoking!) What happens to our moods when we're high or drunk?
- ▶ How does substance use contribute to emotional problems?
- ▶ What are some of the skills young people need to practise as they become adults? (responsibility, making decisions, coping with stress and problems, etc.) What might happen if someone spends this time misusing or abusing substances instead of practising these skills?

## **Spiritual**

- ▶ How might substance use interfere with our spiritual lives?

## **General**

- ▶ What happens to people when using the substance becomes more important than other areas of their lives?



## Short and Long-Term Effects of Cannabis Use on the Body

Discuss the physical effects of cannabis use.

How could each of the major life areas (MLAs) be affected by someone's cannabis use?

**OR**

(Optional)

Outline this scenario (with or without a discussion following)

Imagine a world where everyone is under the influence of substances except for you. You get up for school and there is no one sober or straight enough to make you breakfast and help you make your lunch. In fact there are no groceries other than chips and beer. You get on the bus and the driver is barely able to hold his head up. The bus weaves its way around the streets filled with crashed and abandoned cars. You arrive at school. The teacher is high on some kind of amphetamine and shrieks at you for scaring her when you came in the room. She chases you down the hall to the principal's office with a letter opener. Once you get to the principal's office you wait for a long time for someone to usher you in. You get up and look into his office and he sits there grinning and invites you to examine the cord on his telephone with him. You then go to your dentist appointment and instead of your dentist asking you how school is going, he wonders out loud what it's going to be like for him to fill your cavity while he's stoned on hallucinogens.

Discuss how the alcohol and other drug use of these people are affecting their lives in this scenario.

What other ways could they be affected?

How would you feel if you were part of this scenario?

**OR**

(Optional)

Show a video that follows the progression of a teen from non-problematic to problematic drug use.

Follow-up the video with a discussion of the character's balance beam situation.

- What were some of his/her positive consequences?
- Negatives?
- Which life areas were the most affected?
- Which balance beam did the character end up at in some of the following life areas? (use balance beam transparency for reference)
  - Leisure
  - Psychological
  - School
  - Work/Finances
  - Legal
  - Spiritual

## Self-Evaluation

(5 minutes)

### Where am I?

Have participants reflect on which balance beam they are at for each life area. If appropriate, participants could share their evaluation of their situation with others.

Note: A self-evaluation section is part of this session's worksheet.

## Finding a Balance

(3 minutes)

### Making Changes

Discuss what kinds of things someone could do if their balance beam is at #2 or #3. (They can do nothing, cut down or quit on their own, get more information, go to someone for help like a counsellor, teacher, friend, parent, priest or minister, addictions agency, N.A., A.A., doctor, etc.)

## **Community Resources**

**(2 minutes)**

Offer information on the resources outlined in Session 1 to those who were not there or to those who would like them again.

## **Session Evaluation/ Worksheet**

**(10 minutes)**

Worksheet 1, page 34: Have participants complete the Session 2 Worksheet that includes their own self-evaluation and an evaluation of their experience in the session.

**OR**

Worksheet 2, page 35: Have participants complete the Life Functioning Scale to rate how their major life areas are being affected due to their alcohol or other drug use.

## Worksheet 1: Mood-Altering Substances and Your Life

1. Circle the balance beam that best describes how your substance use is currently affecting your life areas.

Leisure	#1		#2		#3	
Psychological	#1		#2		#3	
School	#1		#2		#3	
Work/Finances	#1		#2		#3	
Legal	#1		#2		#3	
Spiritual	#1		#2		#3	

2. Put a square around the balance beams that best describe your situation last year.

3. What do you need to do about this?

a) nothing

b) keep improving

c) talk to someone

d) wait and see

e) other \_\_\_\_\_

f) make an appointment with an addictions counsellor.

If so, would you like us to contact you?

☐ No    ☐ Yes

Your name? \_\_\_\_\_

Phone #? \_\_\_\_\_

4. What did you like best about the session today?

\_\_\_\_\_

5. What would you like to see changed in this session? How would that be helpful for you?

\_\_\_\_\_

6. I would like to know more about \_\_\_\_\_



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## Worksheet 2: Life Functioning Scale

Mark off how you feel you are doing in each of the areas.

	Very Good	Good	Okay	Bad	Very Bad
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job/School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Session Information/ Content

### Major Life Areas

Our lives consist of a number of major areas including physical, education, work, psychological, leisure, legal, spiritual, family and social. In Session 1 of this information series we considered how mood-altering substances affect our physical life area. Session 2 now focuses on how alcohol and other drugs affect the areas of education, work, psychological, leisure, legal and spiritual. Session 3 looks at the effect alcohol and other drugs have on the relationships teens have with family, friends and intimate others.

From the first session, you will recall that there are both positive and negative consequences to using mood-altering drugs. Most people, including adolescents, do not run into major problems, but there is a small group of people who experience negative consequences in at least some of their life areas. Some of the major life areas that may be important to teens include education, work, psychological, leisure, legal, spiritual.

### Short and Long-Term Effects of Cannabis Use on the Body

Many adolescents in treatment use cannabis as part of a multiple drug use pattern. They may use large doses daily, but may not consider their use of cannabis to be as problematic as their use of, for example, alcohol or other drugs.

The amotivational syndrome of loss of energy and general apathy is a common problem among heavy cannabis users and it can have detrimental consequences on vocational and social development.

### Short-Term Effects

#### Psychological:

##### Low Dose

- ▶ drowsiness
- ▶ feelings of well-being, euphoria
- ▶ colors appear brighter, sounds more distinct
- ▶ relaxation
- ▶ driving skills and performance decreases
- ▶ appetite often increases

##### Moderate Dose

- ▶ memory deficit
- ▶ lapse of attention
- ▶ decreased social inhibition
- ▶ distorted time/space perception
- ▶ mood changes (giddiness, laughing)
- ▶ poor concentration
- ▶ slowed reaction time
- ▶ depressed/withdrawn behavior

##### High Dose

- ▶ depersonalization
- ▶ hallucinations
- ▶ fluctuation euphoria/dysphoria
- ▶ panic reaction
- ▶ paranoia, terror

#### Biological:

- ▶ red eyes, dilated pupils
- ▶ respiratory tract irritation
- ▶ cough
- ▶ dry mouth and throat
- ▶ increase in pulse rate
- ▶ hypertension (mild)
- ▶ constipation
- ▶ urine retention

## **Long-Term Effects**

### **Psychological:**

- ▶ possible psychological dependence
- ▶ loss of drive and interest in sustained activities
- ▶ increasing risk of impairment of learning ability, memory, concentration

### **Biological:**

- ▶ increasing risk of:
  - chronic bronchitis, lung cancer, emphysema
  - reduction of sex hormone levels
- ▶ possible decrease of immunity against infection
- ▶ decreased sperm counts in males
- ▶ abnormal menstrual cycles in females, may impair the ability to conceive

**Withdrawal:** abrupt termination of use may produce mild sickness, including sleep disturbance, nervousness, upset stomach, irritability, sweating, anxiety, and loss of appetite.

## **Consequences of Substance Use in Our Lives**

People can alter their major life areas by using mood-altering substances. Some of these alterations are intended and positive for the user, while some of the effects may be unintended and are negative. The following chart lists some of the positive and negative consequences to major life areas that young people have described.

**Positive consequences**  
of substance use would be that it:

**Leisure**

- heightens enjoyment
- relieves boredom, as it's something to do
- expands choices to be made
- promotes the feeling that tasks are performed better

**Psychological**

- releases emotions and helps express feelings better
- numbs negative feelings
- promotes mood changes
- enhances feelings of happiness
- promotes feelings of belonging, of being able to fit into groups better
- gives a sense of identity
- makes things easy to do and gives a feeling of excellence
- reduces feelings of shyness
- enhances confidence and willingness to take risks
- reduces feelings of stress
- enhances creative problem-solving
- promotes escape from reality

**Education**

- makes school more interesting
- enhances performance
- enables user to get along better with others

**Negative consequences**  
of substance use would be that it:

**Leisure**

- lessens feelings of danger or risk and interest in other activities
- becomes a boring activity in itself
- limits choices to be made
- impairs performance

**Psychological**

- promotes lack of control over emotions
- causes abrupt mood swings
- leads to physical/verbal violence
- brings on depression, suicidal feelings, feelings of apathy, numbness
- creates cravings
- engenders feelings of guilt or shame
- provokes actions that result in a bad reputation
- engenders feelings of failure and inability to cope
- impairs confidence
- impairs performance
- clouds thinking and judgment as problems still exist
- masks stressful negative consequences
- lessens responsibility and ability to deal with problems or stress without using drugs

**Education**

- leads to skipping classes if drugs used when hungover or causes lateness at school
- causes poor school performance, i.e., missing classes while using drugs, not doing homework, getting burned out, having memory problems
- leads to trouble-making behavior at school, i.e., not getting along with classmates
- leads to drugs being more important than attending school



### **Positive consequences** of substance use would be that it:

---

#### **Work/Finances**

- makes work more interesting
- makes it easier to get along with boss, coworkers
- enhances confident behavior

#### **Spiritual**

- promotes feelings of spirituality
- intensifies spiritual events
- fills a spiritual void
- promotes openness to spiritual matters
- reduces anxiety about spiritual concerns

### **Negative consequences** of substance use would be that it:

---

#### **Work/Finances**

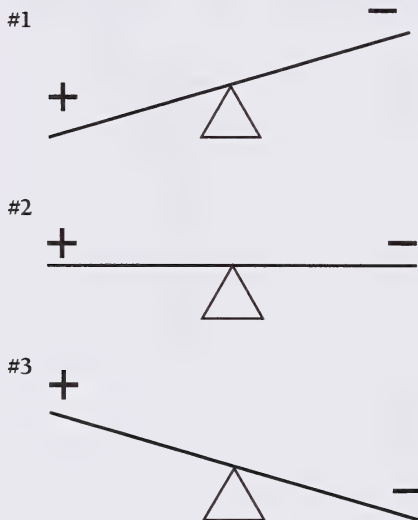
- causes poor work performance
- causes lateness or absenteeism
- lessens feelings of risk or danger
- promotes poor judgment
- causes financial problems as drug use can be very expensive
- enhances perception that drug use is more important than work

#### **Spiritual**

- initiates involvement in cults
- interferes with healthy spiritual development
- becomes the only spiritual outlet

## The Balance Beam

In Session 1 we looked at how using substances can bring positive and negative consequences to the physical dimension of our lives and how most people are able to maintain a situation where the positive effects outweigh the negative ones (diagram #1). We also looked at a state when negative physical consequences became heavier while the positives became lighter so that they 'balance out' (diagram #2). Finally, we considered a situation where the negative effects on our bodies greatly overshadowed the positive effects (diagram #3).



The consequences of using substances on the other major life areas outlined above can be applied to our model of the balance beam and help us further determine how our lives are being affected by mood-altering substance use. Some people find that the balance beams may be different for different life areas. For example, some teens may report that they are at #1 in terms of their leisure life area, but at #3 for the legal side of their life.

## Additional Resources:\*

*ABCs of . . . How Alcohol Dependence Develops,*  
*ABCs of Marijuana . . .*

*Beyond ABCs . . . Cannabis*

\*(Available from local AADAC offices)

## **Session 3**

# **Mood-Altering Substances and Your Relationships**

### ***What Will We Accomplish?***

By the end of the session, participants will have an opportunity to:

- ▶ examine their values regarding their relationships with family, friends and intimate others.
- ▶ discuss the positive and negative consequences of using/abusing mood-altering drugs on these relationships.
- ▶ focus on the effects of hallucinogens on the body.
- ▶ discuss and reflect personally upon the ‘balance beam’ of drug use — i.e., the balance between those positive and negative consequences on their relationships.
- ▶ discuss and reflect personally on defences that may protect people from realizing “where they’re at” in terms of their alcohol/drug use.
- ▶ consider some choices around alcohol and other drug use.

### **Setting The Stage** (10 minutes)

Icebreaker

Review Expectations and Housekeeping

Outline Session 3

### **Suggested Activities** (60 minutes)

What’s Important in a Relationship with Family, Friends and Intimate Others?

Effects of Mood-Altering Substances on Relationships

Short and Long-Term Effects of Hallucinogens on the Body

The Balance Beam of Relationships

Defences

### **Self-Evaluation** (4 minutes)

Where am I?

### **Finding the Balance** (1 minute)

Moving Through Defences

### **Community Resources** (5 minutes)

Review

### **Session Evaluation** (10 minutes)

Discussion/Worksheet

### **Session Information/Content**

## Setting The Stage

(10 minutes)

### Icebreaker

Each person in turn states their name and their favorite characteristic of a good friend. My name is

---

and the thing I like best about my friend

---

(name) is that he/she's

---

(a characteristic, like trustworthy, for example.)

### Review Expectations and Housekeeping

- ▶ Purpose of *Tipping the Balance*
- ▶ Participation
- ▶ Confirmation of Attendance
- ▶ Drug/Alcohol use
- ▶ Confidentiality
- ▶ Housekeeping
- ▶ Respect for others in the group
- ▶ We're not here to tell you what to do . . .

### Outline Session 3

This session covers the positive and negative consequences that alcohol and other drugs have on things you value in your relationships and looks at how people make decisions about using drugs based on these consequences.

## Suggested Activities

(60 minutes)

**Facilitator's Notebook:** Choose the activities from the following suggestions that will best meet the needs of your group. Not all of the activities will fit into a 60 minute time period. You may want to refer to the section entitled "Session Information/Content" starting on page 48 to give you sufficient background information to assist in facilitating this session.

### What's Important in a Relationship with Family, Friends and Intimate Others?

Brainstorm some common or 'universal' characteristics of healthy relationships with family, friends and intimate others, listing the ideas on a flip chart or blackboard (e.g. trust, honesty, sense of humor, loyalty, common interests, intimacy, good communication, listening, etc.)

Each participant then votes for his/her top two characteristics of a good relationship. Encourage open discussion about making these choices. The top five or so characteristics are then selected as the main characteristics for discussion.

### Effects of Mood-Altering Substances on Relationships

Discuss the specific ways in which substance use positively and negatively affects the characteristics chosen in the previous activity in terms of relationships with family, friends and intimate others. (See chart in Session Information/Content for some ideas, p. 49.)



- ▶ How does substance use **positively** affect honesty in a relationship with friends? With family? Intimate others?
- ▶ How does it affect trust between friends? Between family? Intimate others?
- ▶ Affection between friends? Between family? Intimate others?
- ▶ Communication with friends? With family? Intimate others?
- ▶ Shared interests that friends have? That family members have? Intimate others?
- ▶ How does substance use **negatively** affect honesty, trust, communication, affection and shared interests between friends, family and intimate others?

OR

(Optional)

Show a video that outlines a young person's experience with mood-altering substances. Ask participants to observe how alcohol and drugs affect the character's relationships in both positive and negative ways.

Discuss:

- ▶ Where do you think the character(s) in the video is (are) on the "balance beam" in a general way?
- ▶ Which life area is most affected (positively and negatively)?
- ▶ Which relationships are affected (both positively and negatively) for the character(s)?
- ▶ Which characteristics of healthy relationships (i.e., honesty, trust, etc.) are affected (positively and negatively)?
- ▶ How are they affected?
- ▶ Which characteristic is the most negatively affected by the character's substance use?
- ▶ What are some ways that people react when faced with a reality they would rather avoid?

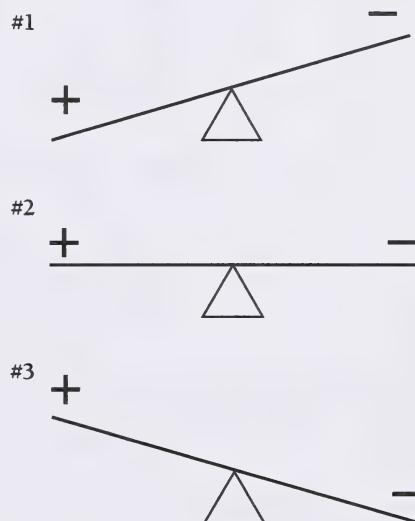
## Short and Long-Term Effects of Hallucinogens on the Body

Discuss the physical effects of hallucinogen use.

How might the use of hallucinogens and other drugs affect relationships with family, friends and intimate others?

## The Balance Beam of Relationships

Review the Balance Beam:



- ▶ there are positive and negative effects of substance use on relationships and the characteristics of healthy relationships
- ▶ for most people the positives outweigh the negatives at first
- ▶ for some, they get to a point of 'abuse' where the negatives overtake the positives.

Discuss why someone would continue using alcohol and other drugs despite major and obvious negative consequences to their life areas.

Why doesn't a person who reaches #2 or #3 of the balance beam just stop using? [E.g. they are addicted, they can't cope normally without

the drug, they don't care, everyone around them is in the same boat (including their own family), they only think about the positives, they don't know what's really happening, etc.]

Introduce the idea that it is possible that a person might not realize that they have a problem even though it's obvious to everyone around that person. They might be using defenses to avoid looking at the reality of their substance use.

## Defences

List and explain the following defences. (Note: See Session Information/Content for detailed explanations, pp 52.)

- ▶ Anger
- ▶ Blaming
- ▶ Excuses
- ▶ Diversion
- ▶ Minimizing
- ▶ Denial

Role-play each of the different defences. The facilitator can participate in each of the scenarios or two participants can be chosen.

*Mother to son/daughter "I found a marijuana cigarette in your drawer this morning while I was cleaning up your room. This is unacceptable in this house."*

### Anger:

"Shut up you @#&^\*\$#@. Get out of my face."

### Blaming:

"That belongs to John. He made me keep it for him so he wouldn't get into trouble."

### Excuses:

"I've been smoking pot 'cause I can't get to sleep these days. I'll give it up once summer's here."

### Diversion:

"What were you doing in my room anyway? You have no business in here."

### Minimizing:

"What's the big deal? At least it's not cocaine!"

### Denial:

"I don't have a clue where that came from."

Role-play additional scenarios:

*Dad accuses a teen of stealing beer from the fridge on a regular basis.*

*Teacher expresses concern about a student falling asleep in class after lunch, hints that it might be drug-related.*

*Counsellor confronts a teen about continuing to use while at the same time expressing a desire to quit.*

*Friend complains that an individual has been doing a lot of embarrassing things lately because of alcohol.*

*Older brother threatens to tell his parents that he is concerned that his sister is doing hard drugs.*

*Teen confronts his mother about her drinking.*

*Principal suspends a student for suspected drug use on school property.*

*Probation officer requires a young offender to seek alcohol or other drug counselling.*

*Teen refuses to get into a car with her boyfriend because he has been drinking before coming to get her.*

## Self-Evaluation

(4 minutes)

### Where am I?

Discuss:

- ▶ Which defences do you like to use?
- ▶ How does using defences “feed” into your view of your drug use and where you’re at on the balance beam?

***Facilitator’s notebook:** This is a good opportunity to acknowledge how difficult it is to look realistically at some of our behaviors and how defences can be very helpful in keeping us from feeling discomfort about those behaviors. It is also a good time to point out the losses that occur once they let go of their defences and start facing reality.*

## Finding the Balance

(1 minute)

### Moving Through Defences

Discuss:

- ▶ How might someone break through his or her own defences?
- ▶ How can others around them help out? (Making sure that the person takes responsibility for his/her actions, telling someone that you don’t like how they behave or what’s happening to them because of their substance abuse, telling someone if they have done something specific that was a problem for you, follow through on consequences you’ve set out before).

OR

(Optional)

If using the optional video activity,

Discuss:

- ▶ What risk factors are?
- ▶ How are risk factors related to defences?

Speculate on what has happened and what’s going to happen to the characters in the video.

- ▶ What defences did they use?
- ▶ How might they break through those?
- ▶ How can others help someone move through their defences?

## Community Resources

(5 minutes)

Review community resources that might be useful for participants.

## Session Evaluation

(10 minutes)

Discuss what participants liked best about Session 3 and what they would like to talk about next session.

Worksheet: Have participants complete the Session 3 Worksheet, page 46, that measures how much they retained from the session, their own self-evaluation and an evaluation of their experience in the session.

# Worksheet 1: Mood-Altering Substances and Your Relationships

1. Match the following defences with its description.

- a) Denial
- b) Minimizing
- c) Anger
- d) Diversion
- e) Blaming
- f) Excuses

- \_\_\_ I never smoke pot during school hours, only on the weekends.
- \_\_\_ It's none of your business, get out of my face!
- \_\_\_ You're a hypocrite! What about the time you got drunk and drove onto the neighbor's lawn?
- \_\_\_ I wasn't smoking pot outside the gym doors.
- \_\_\_ My parents are the ones with the problem. If they would stop fighting then I wouldn't have to drink.
- \_\_\_ I'm under a lot of stress right now with exams and my part-time job. I just need to use speed until the end of term, then I'll quit.

2. Circle the following that best describes your state of balance regarding the consequences of your drug use on your relationships.

Family			
Friends			
Intimate others			

3. Put a square around where you'd like to be.



---

4. What do you need to do about this?

a) nothing

b) keep improving

c) talk to someone

d) wait and see

e) other \_\_\_\_\_

f) make an appointment with an addictions counsellor.

If so, would you like us to contact you?    ☐ No    ☐ Yes

Your name? \_\_\_\_\_

Phone #? \_\_\_\_\_

5. What did you like best about the session?

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6. What would you like to see changed in this session? How would that be helpful for you?

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## **Session Information/ Content**

### **What's Important in a Relationship with Family, Friends and Intimate Others?**

Successful relationships with family, friends and intimate others are important to teens not only for their own sake but also as sources of self-confidence, self-esteem and social competence development. As with the other life areas we have examined in Sessions 1 and 2, the use of substances can have an effect on our relationships and on the specific characteristics of relationships that we find important. Young people value, among other things, honesty, communication, shared interests, trust, affection and intimacy in their relationships with family, friends and intimate others.

### **Effects of Mood-Altering Substances on Relationships**

The effects of substance use on relationships and on the important aspects of adolescents' relationships may be seen as positive and welcome or as negative and unwelcome. Some of these consequences on the characteristics of relationships are listed in the chart below. It is interesting to note that the area of relationships and the influence of substance use seem to be quite complex. It is possible for the effects to be differential over relationship 'types' and over the characteristics of healthy relationships. For example, alcohol can make us more honest and open in our communication with a friend but it can also impair our judgment so that our honesty causes us to do things we regret or get embarrassed about. As well, drugs can be a shared interest with some friends but a cause of friction with others or with family members.

## Effects of Mood Altering Substances on Relationships

### POSITIVE CONSEQUENCES

Some of the POSITIVE consequences on relationships resulting from alcohol/drug use that adolescents identify:

#### **Relationships with Friends**

- feels more comfortable in social situations
- becomes part of the crowd/belongs
- has more fun and excitement
- feels more popular
- feels more confident and not as shy
- feels closer to using friends

#### **Relationships with Family**

- forgets social or family problems
- gains acceptance by family members who use

#### **Relationships with Boyfriends/Girlfriends**

- enjoys sex more; less inhibited
- talks more openly about feelings
- meets boyfriends/girlfriends more easily

### NEGATIVE CONSEQUENCES

Some of the NEGATIVE consequences on relationships resulting from alcohol/drug use that adolescents identify:

#### **Relationships with Friends**

- gets embarrassed by party behavior
- loses friends who do not use
- loses trust
- has unwanted sexual experiences while high or drunk
- loses interest in sports and hobbies
- pushes friends away because of mood swings
- gets a negative reputation

#### **Relationships with Family**

- argues more with family
- gets into physical fights
- withdraws from family activities
- loses privileges at home (e.g. grounding)
- gets kicked out of home
- loses trust (e.g. because of stealing, lying)

#### **Relationships with Boyfriends/Girlfriends**

- argues more
- gets into physical fights
- loses trust
- loses closeness
- loses boyfriends/girlfriends

## Short and Long-Term Effects of Hallucinogens on the Body

The term “hallucinogen” describes any drug that radically changes a person’s mental state by distorting the perception of reality to the point where hallucinations occur.

Hallucinogens include a wide variety of substances, which are different from each other in structure and range from synthetic products to natural plant extracts. LSD is the most powerful of the hallucinogens. It can produce changes in perception, mood and thought in doses as low as .05 mg. Often these take forms which are attractive to teens, e.g.

- ▶ synesthesia, the experience of senses uniting, such that a user believes she/he is “seeing” music or “hearing” color;
- ▶ loss of boundaries between self and environment — the mystical or “cosmic” experience;
- ▶ distortions of time and space;
- ▶ sensory sharpness;
- ▶ exaggerates ideas.

The effects of LSD on any particular user, or even on the same user at different times, are difficult to predict. Adverse reactions (bad trips), can be extreme:

- ▶ feelings of identity loss;
- ▶ loss of reality;
- ▶ fears of personal disintegration;
- ▶ acute paranoia.

## LSD

### Short-term use:

- ▶ initially, rapid pulse, increased blood pressure, dilated pupils, arousal, excitation, raised temperature
- ▶ numbness, muscle weakness, trembling
- ▶ impaired motor skills and coordination
- ▶ nausea
- ▶ later, distortions of perception/time, altered colors, shapes, sizes, distances, fusion of senses

- ▶ this may produce exhilaration, “mind expansion,” or anxiety and panic, depending on the user
- ▶ may experience depersonalization — feel they are outside themselves observing what is happening
- ▶ feelings of panic or of unusual power or importance may lead to dangerous behavior
- ▶ very occasionally, convulsions may occur
- ▶ tolerance develops very rapidly and disappears very rapidly

### Long-term use:

- ▶ psychological effects may include “flashbacks” — spontaneous recurrences of LSD experiences without drug use
- ▶ psychological dependence
- ▶ may result in prolonged depression and anxiety

**Withdrawal:** no sickness occurs when use stops, but extreme cravings may amount to panic

## PCP

### Short-term use:

- ▶ euphoria
- ▶ increase in rate and shallowness of breathing
- ▶ increase in blood pressure and pulse rate
- ▶ rise in temperature
- ▶ flushing and profuse sweating
- ▶ poor muscle control
- ▶ generalized numbness of arms and legs

### With higher doses:

- ▶ fall in blood pressure, pulse rate, and respiration
- ▶ nausea, vomiting, blurred vision, rolling movements and watering of eyes, loss of balance, and dizziness
- ▶ decreased awareness of pain
- ▶ large amounts can cause convulsions, coma and sometimes death



- ▶ effects of PCP can mimic certain symptoms of schizophrenia, hallucinations
- ▶ delusions, mental confusion and “blackouts” are common
- ▶ feeling of distance from one’s environment

### Long-term use:

- ▶ possibility of flashbacks
- ▶ possibility of prolonged anxiety or severe depression
- ▶ persistent speech problems, memory loss, social withdrawal have been seen following prolonged use.

### Mescaline and psilocybin

- ▶ have effects similar to those of LSD; and in fact, street samples are usually LSD or PCP misrepresented as these drugs

### MDA and MDMA

- ▶ have effects similar to those of LSD

### The Balance Beam of Relationships

As with the life areas discussed in Sessions 1 and 2, the balance beam model applies to how substance use can affect relationships.

In the beginning, most young people who try substances find that the positive effects on their relationships outweigh the negative ones. With continued or increased use, however, a small percentage of individuals may reach a point of ‘misuse’ or ‘abuse’. People around these individuals may find it hard to understand why they don’t admit they have a problem and do something about it. As outlined in the Change Process (Appendix A), an individual who is abusing substances and is unaware of this abuse is said to be in the “precontemplation” stage of change. There may be some defences that serve to keep this person in a precontemplative stage by preventing him/her from seeing and contemplating reality.

### Defences

- ▶ Anger — The individual uses anger as a defence to intimidate people and steer clear of the real issue.
- ▶ Blaming — Using this defence places the responsibility with other people for the problem. It’s somebody else’s fault that the person is using drugs.
- ▶ Excuses — The individual admits there is a problem, but claims that it only exists because of certain conditions, e.g. pressures at school, conflict in a relationship. The rationale is that the drug use will go away when the pressure goes away.
- ▶ Diversion — The individual masks his/her substance abuse by shifting the focus to other situations or people. In a family, the individual may divert attention away from his/her substance use by focusing on problems that other members of the family are having or causing.
- ▶ Minimizing — The individual admits that there might be a little problem. “I never use hard drugs.” “I only drink after school.” “Everybody else does it.”
- ▶ Denial — The individual declares that they have no problem(s).

**Facilitator’s Notebook:** A discussion of defences is helpful for pointing out to participants the difference between pre-contemplation and contemplation in the Change Model and helping them make sense of why people continue to use despite serious and obvious negative consequences.

## Risk Factors

Things that can increase the risk of developing substance dependence are:

- ▶ living in a family with poor relationships, such as family relationships that are violent, or families with inconsistent parenting,
- ▶ having older brothers or sisters who use drugs, and
- ▶ having parents who are substance dependent.

Things that can help to reduce the risk are:

- ▶ living in a family that follows its family rituals, such as dinner time and holiday celebrations, even during times of parent's heavy drinking,
- ▶ having good, flexible family relationships and communication patterns,
- ▶ having a strong, supportive relationship with parents; parenting that provides clear expectations, regular monitoring of children, and consistent discipline, and
- ▶ being exposed to healthy drinking values and expectations within the family and community.

## Moving through Defences

It is possible for people to break through their defences and realize that their substance use is affecting them in a negative fashion — the first step towards making change. Some teens figure this out on their own, while others require some type of crisis or intervention from others. The process may be very easy and natural for some, while others might find it more difficult.

## Additional Resources:\*

*ABCs of . . . Effects of Alcohol Dependence on the Family*

(\*Available from local AADAC offices.)

## **Session 4**

### **Finding the Balance**

#### ***What Will We Accomplish?***

By the end of the session, participants will have an opportunity to:

- ▶ discuss and reflect personally upon the 'balance beam' of substance use, i.e., the balance between positive and negative consequences in their overall life.
- ▶ discuss and reflect personally upon the positive and negative consequences of reducing or quitting substance use (i.e., a decision balance sheet).
- ▶ discuss some ways that teens who have been abusing substances have successfully changed.
- ▶ consider some personal choices regarding substance use.
- ▶ explore supports for making change.

#### **Setting The Stage** (10 minutes)

Icebreaker

Review Expectations

Outline Session 4

#### **Suggested Activities** (50 minutes)

Review of Balance Beam

Option: Continue to Use

Option: Changing

#### **Self-Evaluation** (15 minutes)

Readiness to Change Questionnaire

#### **Finding a Balance** (2 minutes)

Where to Now?

#### **Community Resources** (2 minutes)

Review

#### **Session Evaluation** (16 minutes)

Final Evaluation Discussion

#### **Session Information/Content**

## Setting The Stage

(10 minutes)

### Icebreaker

- ▶ have each participant state his/her name in turn and tell about a successful experience he/she has had.

OR

- ▶ ask each person in turn if they are doing anything different since coming to the information series.

### Review Expectations

- ▶ Purpose of *Tipping the Balance*
- ▶ Participation
- ▶ Confirmation of Attendance
- ▶ Drug/Alcohol use
- ▶ Confidentiality
- ▶ Housekeeping
- ▶ Respect for others in the group
- ▶ We're not here to tell you what to do . . .

### Outline Session 4

This session covers information on the options someone might have if they have been abusing substances, including do nothing and making changes on your own or with some help.

## Suggested Activities

(50 minutes)

### Review of Balance Beam

Review the Balance Beam in a general way.

- ▶ Most people don't run into problems with substance use but there are some people who come to a point where their use causes more problems than it's worth.
- ▶ At that point those people have the option of continuing to use or make some changes.

### Option: Continue to Use

Introduce the idea that some people, despite being in a situation where the negatives greatly outweigh the positives, may choose to continue to use.

Brainstorm why some people don't change when they are clearly at #3 balance beam?

List the ideas on a flipchart or blackboard.

- ▶ What things might someone be unaware of?
- ▶ What are some fears that someone might have?
- ▶ What might some people need to know in order to change?
- ▶ What might happen to them if they do continue to use?

Summarize the points into four categories:

- ▶ Lack of Awareness — they might not know that they have a problem
- ▶ Lack of Motivation — they might not want to change
- ▶ Lack of Confidence — they might not feel that they're able to change
- ▶ Lack of Skills and Support — they might not know how to change

### Option: Changing

- ▶ Self-Change

Introduce the fact that many people, including teens, do manage to deal with substance abuse problems.

Activity:

- ▶ "Opinion Continuum"

The facilitator describes an imaginary continuum that extends from one side of the room to the other. One end of the continuum represents "strongly agree," the other, "strongly disagree." In response to the statements (see suggestions below) read out by the facilitator, participants go to a spot along the continuum that represents their opinion. Once they've arrived, the facilitator encourages further



discussion focusing on how participants decided on that answer.

Suggested statements:

1. Everyone can change on their own.
2. People who are addicted need outside help to change.
3. All you need is willpower to quit abusing substances.
4. People have to quit everything all at once in order to be successful (all substances including tobacco, drugs, alcohol).
5. People need to go cold turkey in order to quit using.

Discuss how people change on their own.

- ▶ What steps do they take?
- ▶ How long do they take?
- ▶ How do they use the support around them?
- ▶ In what ways does their life look different from before?
- ▶ What other changes might they have to make (other than just dealing with the substance abuse problem)?

Introduce how some people need a bit of a 'push' to start making some changes.

### Getting started

Discuss how someone who is continuing to abuse drugs may realize their problem and take steps to change.

- ▶ What are some crises that could happen that would show someone how severe their substance use really was?
- ▶ How could someone confront that person before a serious crisis happens?
- ▶ Who would be a good person for this?

Introduce the fact that once they decide to stop using substances, some people need help in learning new skills and require support while not using. There are a lot of ways a young person can get this help.

### Self-help groups

Discuss the self-help groups in your area like NA, AA, Alateen, Alanon.

### Counselling groups

Discuss the counselling groups in your area, e.g. hospital-based and community-based counselling groups, school support groups, church groups, etc.

### Treatment programs

Discuss what treatment programs are and the treatment programs available in your area. Components of treatment — e.g. one-to-one substance abuse counselling, counselling groups, self-help groups, other counselling, intensive drug treatment programs, lifestyle changes, etc.

### Other Community Agencies that Support Change

Discuss community programs, groups, etc. that might be helpful, e.g. Boys and Girls Clubs, Parks and Recreation, Peer Support in the schools, Life Skills programs, conflict resolution programs/groups, school outreach programs, etc.

### OR

(Optional)

Show a video that looks at how teens have become aware of their substance abuse problems and gotten help to deal with substance abuse.

Following the video, discuss how the character(s) made changes.

- ▶ Before they made changes, what level was (were) the character (s) at in terms of their substance use?
- ▶ How did they find out they were at that level?
- ▶ What did they do to make changes?
- ▶ Who was helpful to the characters? Why?

- ▶ How do treatment programs help people change?
- ▶ What do you think happens in a treatment centre?
- ▶ What would need to be included that would be helpful?
- ▶ What special considerations would a young person need?
- ▶ What's a self-help group and how do they help people change?
- ▶ What other community supports did the character(s) use? Which ones could they use?
- ▶ Do you think any of the character(s) could have successfully changed without some kind of help?

**OR**

Discuss: (if the session is done without a video)

- ▶ How do people know what level their substance abuse is at?
- ▶ What should people do when their substance abuse is at #1, at #2, at #3 of the balance beam?
- ▶ Who could they go to for help or for more information?
- ▶ How do treatment programs help people change?
- ▶ What do you think happens in a treatment centre? What would need to be included that would be helpful?
- ▶ What special considerations would a young person need?
- ▶ What's a self-help group and how does it help people change?
- ▶ Is it possible for people to change on their own? How do they do this?
- ▶ How can people around the person with a problem help support them in their changes?
- ▶ Which balance beam do you think you're at? Is this different for different life areas?

- ▶ Which balance beam would you like to be at?
- ▶ What do you need to do next?

**OR**

(Optional)

Have a guest speaker from a youth-oriented self-help group, from a treatment program or a young person who has successfully managed to deal with substance abuse on his/her own.

Some suggested questions to ask the guest speaker:

- ▶ How did you know you needed to do something about your substance use?
- ▶ What did you do?
- ▶ How was that helpful?
- ▶ Who was helpful to you?
- ▶ What happens at the self-help meetings? At a treatment program?

## Self-Evaluation

**(15 minutes)**

### Readiness to Change Questionnaire

Have participants complete the Readiness to Change Questionnaire (Worksheet #1), page 58, and discuss if there are any changes in where they rate themselves at this point in the information series, as compared to where they rated themselves at Session 1.

## Finding a Balance

**(2 minutes)**

### Where to Now?

Explain that in this series we have spent quite a bit of time discussing the positive and negative consequences of using substances and looking at how these balance out. It might be helpful for you to spend some time looking at

the positive and negative consequences of quitting as well. You can do this on an individual basis with an addictions counsellor or with another helpful person.

Review some important things about change:

- ▶ Change is a process.
- ▶ Change happens in little tiny steps.
- ▶ It doesn't happen as a black and white event.
- ▶ We are constantly changing.
- ▶ We have many opportunities to take charge of the process and make our own choices.

Final questions:

- ▶ What do you need to do now?
- ▶ Do you need more information?

## Community Resources

**(2 minutes)**

If you want more information on substance use and abuse or if you'd like some help to make your changes you can contact your local addictions agency. (The resources list from Session 1 can be offered again at this point.)

## Session Evaluation

**(16 minutes)**

Discuss what has been the most helpful for you over the four sessions? The least helpful? What are you doing differently from when you started the information series?

Worksheet 2: Have participants complete Worksheet #2, page 59, Finding the Balance.

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## ***Worksheet 1: Readiness to Change Questionnaire***

Mark the statement that best describes the way you are feeling about your situation.

- ☐ I am not worried about my use of alcohol or other drugs, and I am here only because someone else requested I come.
- ☐ I am not sure if I have a problem with alcohol or other drugs.
- ☐ I know I have a problem with alcohol or other drugs, but I am not sure how to change it.
- ☐ I am ready to make changes, and I am here to get help to make those changes.
- ☐ I have already made the changes I need to make and I want help to maintain those changes.



## Worksheet 2: Finding the Balance

1. Circle the following that best describes your state of balance regarding alcohol or other drug use.



2. What do you need to do about this?

- a) nothing
- b) talk to someone
- c) wait and see
- d) make an appointment with an addictions counsellor
- e) other? \_\_\_\_\_

3. What did you like best about the session?

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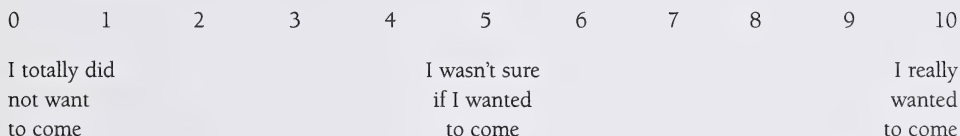


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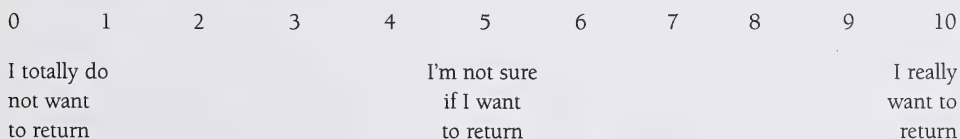


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4. Circle the point on the line that best describes how you felt *before* you came to this session.



5. Circle the point on the line that best describes how you feel now after having gone through this session?



6. What would you like to see changed in this session? How would that be helpful for you?

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## Session Information/ Content

#1



#2



#3



### The Balance Beam

People experience positive and negative effects from substance use. Most do not run into serious trouble but a few do tip the balance so that the negative consequences overpower the positive ones (#3). Once a person gets to the point where they realize that the negatives outweigh the positives for them, they have a number of options.

#### Option: Continue to Use

Some people may choose to continue to use substances at an unhealthy level despite the negative consequences they are experiencing. There could be a lot of reasons for this like:

##### Lack of Awareness

- ▶ they aren't aware of their situation.
- ▶ they don't have a realistic overall picture of the consequences, ignoring the negatives and emphasizing the positives. (See discussion of defenses, Session 3)

##### Lack of Motivation

- ▶ they are aware of the consequences but not interested in making changes.

- ▶ they like the 'glamorous' world of substances and their identity as a user.
- ▶ they feel that making changes would be like 'giving in' and losing control of their lives (especially if there are lots of people around them who want them to change).
- ▶ they might not feel very optimistic about their future, seeing change as pointless.

##### Lack of Confidence to Change

- ▶ they're afraid that they'll fail at attempts to change.
- ▶ they're afraid they won't be able to cope with problems and/or stress without the substance.
- ▶ they feel that they won't be able to deal with psychological cravings or physical withdrawal.

##### Lack of Skills or Support to Change

- ▶ they want to quit or cut down but don't know how.
- ▶ they feel that they have no one to support them in changing.
- ▶ the people in their lives all use and support a using lifestyle.
- ▶ they don't know what else they'll do instead.

#### Option: Changing

Despite all these reasons that may keep people stuck in an unhealthy 'balance' of substance use, there are many people who do make changes even in the face of great obstacles like physical and psychological dependence, little support from their environment and great fears about changing. They make these changes with or without professional help, and the changes can look very dramatic or be very subtle.

**Self-change** — A great number of people, including young people, change without professional help. They go through the stages of not realizing that they have a problem (precontemplation), to weighing the consequences (contemplation), to thinking about how to change (preparation), to making changes (action) and finally to long term

change (maintenance) by themselves and know fairly clearly what they need to do at each stage. Without outside help they are aware, motivated, able and confident.

Self-changers may change over a short period of time in a very dramatic fashion, or they may take a longer period of time where the changes are 'piggy-backed' onto other changes (like learning how to cope with problems, gaining self-esteem, etc.). With teens, sometimes just growing up and taking on more responsibility helps them find a healthier balance in terms of their substance use.

Others, however, need more of a push.

- **Getting started** — Some people who have been abusing substances reach a point of serious crisis like having an accident, losing a job, getting kicked out of the house or school, being caught by the police, losing a girlfriend/boyfriend, overdosing, etc. A traumatic event might be all that's needed to propel them along the path to change. Others start making changes after someone important like a parent, teacher, friend, relative, social worker, probation or police officer, religious leader, coach, doctor, etc. confronts them.

Once they've made up their minds to change there are a variety of ways they can get help.

- **Self-help groups** — Self-help groups are made up of individuals who have been through similar problems and who want to make changes. Some examples include Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Marijuana Anonymous (MA) and young people's Tough Love Groups. The strength of these groups is in the support people can find from them. People who don't have supportive family or friends may find self-help groups useful.
- **Counselling groups** — Young people can get help from counselling groups that specialize in substance abuse and related problems. These groups might be run by a school, community agency, hospital, church, or professional organization, etc.

- **Treatment programs** — There are a variety of ways that young people can get formal help for substance abuse including: individual counselling, group counselling, intensive full-time programming, part-time outpatient counselling and groups, and inpatient counselling. Treatment may be offered on a private or public basis. There are also specialized treatment opportunities (like detox, for example) available for young people. The most successful treatment programs ensure that the treatment plans match the needs of the young person (based on degree of seriousness of problem, motivation, support available, etc.) An addictions counsellor can help young people look at the options available in the community.

In a formal treatment program, teens get support for making change and learn skills that will help them live free from substance abuse. Some of the skills they might work on are: decision-making, drug refusal, stress reduction, relaxation, anger management, dealing with problems, alternative recreation activities, self-esteem and self-confidence, relapse prevention, etc. This learning is done in a setting with other teens who have similar backgrounds and goals.

- **Other community agencies that support change** — There are a number of programs/groups, etc. that don't directly address substance abuse, but may be supportive for a young person who wants to make changes to his/her substance use. Some examples include: recreation programs, conflict management programs, alternative educational programs, etc.

### **Additional Resources:\***

*ABCs of . . . How to Quit Smoking, The Healthline, AADAC's Approach to Treatment*

*AA, NA, Tough Love pamphlet,*

*Youth Tip Sheet — Stages of Change.*

(\*Available from local AADAC offices.)

# Appendix A

## The Change Process

### The Model of Change

In order to understand the spirit and intent of *Tipping the Balance*, a review of the Prochaska, DiClemente and Norcross *Model of Change* is helpful.

The *Model of Change* is based on twelve years of research involving more than 300,000 subjects. It has been used in programs for alcohol and drug abuse, smoking, depression, anxiety and panic, HIV prevention, and weight change.

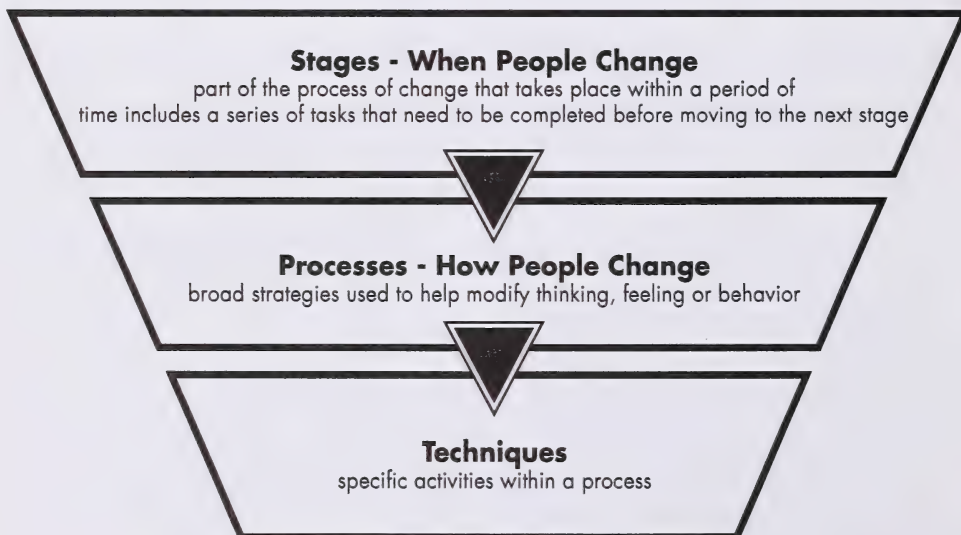
The *Model of Change* was developed by Prochaska, DiClemente and Norcross who investigated the underlying structure of change. They wanted to find out how to help people who did not seem ready to change as this group is often blamed for not being motivated or for being resistant to treatment. Prochaska, DiClemente and Norcross found that there are six stages of change, and that most treatment programs were aimed at only

one stage. All changers go through these predictable stages and each stage has specific tasks which must be completed before moving to the next stage.

Each of the six stages has several processes of change which work best at that stage. These processes are the broad strategies used to help modify your thinking, feeling, or behavior. Techniques are the specific activities used.

### When People Change

Prochaska had discovered the processes underlying all therapies. He then wanted to find out if self-changers (those who change without any professional help) used the same processes. What he learned was more profound than expected. Not only did self-changers use the same processes, but they also identified when they used them. The self-changers taught the researchers that change unfolded through a series of stages. Different





processes worked better at different stages, regardless of what the problem was. Behavioral strategies work best in certain stages of change, while insight-oriented therapies work best in others. In fact, applying the wrong process in the wrong stage may hold someone back or be harmful.

The following are the stages of change and the main tasks and processes of each stage:

### **Precontemplation “Get off my back”**

Precontemplators cannot see the problem. A person in precontemplation usually has no intention of changing his/her behavior, and will typically deny they have a problem. Often others close to the person can see the problem. Precontemplators usually show up in treatment programs because of pressure from others. They may change, but only as long as there is great and constant external pressure. Once the pressure is relieved, they quickly return to their old ways. Precontemplators are often demoralized because they believe their situation is hopeless and they do not appreciate social liberation tactics.

In order to change, the main task of this stage is to become aware of your behavior. The processes most helpful in this stage are consciousness-raising and social liberation (i.e. creation of more alternatives for the individual).

### **Contemplation “I think something’s wrong,” “I want to stop feeling so stuck” or “Yeah, but . . .”**

In this stage, people acknowledge they have a problem and begin to think seriously about solving it. Contemplators struggle to understand their problem, to see its causes and to wonder about possible solutions. A person in contemplation will have no definite plans to take action.

The main task at this stage is to gain information and understanding of your behavior. A hallmark of the contemplation stage is ambivalence, or mixed feelings since there are both good and bad things about using substances. The processes in this stage are the continuation of consciousness-raising and social liberation, and the additions of emotional arousal and self-reevaluation.

### **Preparation “Don’t do today what you can put off till tomorrow”**

Most people in preparation are planning to take action within the next month, and are making the final adjustments before they begin to change their behavior. The person may be committed to action but may still feel ambivalent; this must be resolved in this stage. The person may have already made small behavioral changes (like a ‘dress rehearsal’). Planning carefully and ensuring they know the change processes for the following stages increases the likelihood of successful change. The person begins to focus more on the future than on the past.

The main task in the preparation stage is to plan for change and learn new behaviors. The processes most useful in this stage are the continuation of social liberation, emotional arousal and self-reevaluation with the addition of commitment.

### **Action “Here it goes!”**

The action stage is where people actually change their behavior. The action stage is not an event, it is a process. Most people, including therapists, erroneously equate action with change. It is only one stage, and change will not occur unless the other stages are completed as well.

The processes most useful in this stage are the continuation of social liberation and commitment, with the addition of rewards, countering, environmental control, and helping relationships.

### **Maintenance “Keep on going!”**

During maintenance the changer works towards consolidating the gains attained during the action and other stages, and struggles to prevent lapses and relapses. A key task is to build a new lifestyle inconsistent with the old behavior. Traditional therapy sees maintenance as a static stage. It is, in fact, a critical continuation that may last for six months to a lifetime.

The main task of maintenance is to build a new lifestyle that is rich and satisfying. If you merely remove the old habit, you will be left with a life of longing and deprivation. That is why this stage is essential for lasting change. The processes most useful in this stage are the continuation of rewards, countering, environmental control, and helping relationships.

### **Termination “Home Free”**

The termination stage is the ultimate goal for all changers. At this stage the old problem will no longer present any temptation or threat; your behavior will never return, and you will have complete confidence that you can cope without fear of relapse. You will have exited the cycle of change and won your struggle.

### **The Spiral Model of Change**

Few individuals progress through the stages in a linear fashion. A more typical pattern is that of a spiral, where one can progress from contemplation to action and back to contemplation. The spiral illustrates that people do not revolve endlessly in circles, but revisit stages when the work of that stage is not complete. As each stage is revisited, issues are dealt with in greater depth. The average self-changer recycles several times (the authors prefer the term recycle to relapse).

Each time a person recycles, they do not usually go all the way back to precontemplation. In fact, 85% of smokers return to the contemplation stage. Recycling is

an opportunity to learn, gain missing information, re-define plans and take action again. The researchers found that people who take action and fail in the next month are twice as likely to succeed over the next six months than those who don't take any action at all.

### **The Strategies of Change**

The research for this model began when Prochaska investigated whether there were any common links among the more than 400 therapies in existence. He was able to isolate the principles and processes of change that each system advocated and practiced. He discovered there were nine of what he called the “process of change.” Not all of the processes are used by all therapies, but all psychotherapies produce change by applying two or more of these processes.

#### **Consciousness-raising**

Any method that increases information and awareness about yourself and your behavior. It includes learning factual information, as well as uncovering hidden thoughts and feelings. People need this information to make intelligent and informed decisions about their behavior.

#### **Social Liberation**

This occurs when a society increases alternatives available for healthy behaviors. Social liberation makes more actions possible, and it can increase self-esteem as people come to believe in their own power and ability to change. Examples are smoke-free facilities, and drunk driving campaigns.

#### **Emotional Arousal**

Emotional arousal is similar to consciousness-raising, but works on a deeper, feeling level. It is also known as catharsis. The goal is to increase awareness and depth of feeling to move people into action.

### **Self-reevaluation**

Assessing feelings and thoughts about yourself in relation to the behavior you want to change. Self-reevaluation enables you to want to change. It enables you to see when and how your problem behavior is in conflict with your personal values. The result is that you come to believe that your life would be significantly better without the problem.

### **Commitment**

Accepting responsibility for changing. It is an acknowledgement that you are the only one who is able to respond, speak, and act for yourself. The first step is private, telling yourself that you are choosing to change. The second step involves going public and telling others that you have made a decision to change.

### **Countering**

Substituting healthy behaviors for unhealthy ones. Almost any healthy activity can be an effective countering tool; each person must find what works for them.

### **Environmental Control**

Changing your environment to reduce the occurrence of a problem-solving event. Examples are removing liquor from your home, or not attending parties where there will be smoking.

### **Rewards**

Reward is the flip side of punishment. Successful self-changers rarely use punishment, it tends to suppress problem behavior temporarily rather than lead to lasting change. Rewards are often successfully used to change behavior. They can come from yourself or from others.

### **Helping Relationships**

Enlisting the help and support of someone who cares. Self-changers can request support and educate helpers about their preferences and experiences.

### **Strategies vs. Techniques**

The nine processes are not techniques. Each process involves a broad strategy that may employ a number of techniques. Prochaska et al. found that a group of self-changers who were quitting smoking relied on more than 130 different techniques. For the process of countering, there are thousands of techniques ranging from jogging, playing piano, any craft, etc. Research suggests that people are more likely to be successful in their change attempts when they are given two choices of how to pursue change rather than one; the success rate increases with three or more changes.

### **Helping and the Stages of Change**

There are certain helping strategies that work better for each stage of change, just as there are change strategies that work better in each stage. When we get frustrated in trying to help someone it may be because we are at one stage of change while the person is at another stage of change. To help someone effectively means to match your actions to where the person is in the change process. We will now look at what works best in each stage of change.

#### **Precontemplation**

People in precontemplation often resist change. In precontemplation, the main way to help someone is to encourage the person to look at their behavior and to increase their awareness of the risk and problems with their behavior.

Often what is really needed by precontemplators is to feel safe enough to express any doubts they have, and to feel accepted and cared for as they are in the present moment.

Sometimes the simple, non-judgmental presence of an intimate friend or mate is enough.

One way to encourage a person to look at their behavior is to ask open-ended questions which don't have a yes or no answer. These can help the person think about their behavior.



Questions must be asked in a non-judgmental and supportive way. Example of open-ended questions are: "What do you think of your drinking?" or "When is it that you feel like drinking?" or "What are some of the good (or not-so-good) things about your drinking?"

### Contemplation

The main task of contemplation is gathering information and understanding about the behavior to be changed. A hallmark of contemplation is ambivalence, as the changer looks at the good and the not-so-good things about using substances. Contemplators need support, listening, and feedback as they learn about their behavior and weigh the pros and cons of changing.

Many helpers tend to give quick solutions and get into problem solving, while the changer simply needs to be listened to. Giving your observations about what you see in the changer's behavior can be valuable information. Giving observation is different than confrontation. The first is "It seems that you drink more when you feel down," rather than "Every time you get a little discouraged, you drink your face off!"

### Preparation

By this time, the changer is developing a plan to change and may be taking some action e.g. a dress rehearsal. Whenever someone close to us begins to take action to change, it will affect us as well. One of the best ways to help at this point is to ask what you can do to help. Often changers may find it hard to ask for help; asking them for concrete things you can do can be very supportive and let them know you are on their side. Try to negotiate ways to deal with the changer's crankiness when quitting (i.e., smoking).

### Action

In this stage, the changer is taking action to change their former behavior. It can be a difficult time for the changer (and for his/her family). There are many ways to help someone in action, the key is to ask them what they want you to do. You can then negotiate a plan that fits with your own needs as well.

### Maintenance

Helpers soon begin to take the changes for granted and often reduce their level of support in the maintenance stage. However, it is essential that a changer has someone who can be 'on call' when a crisis comes up that could lead to a relapse. This is one of the most valuable functions of self-help groups. It helps to make an agreement that you will tell the changer if you see them reverting to old behavior (in a supportive manner).

### Termination

In this stage the changer may not need the support of the helper any longer. The changer has developed a new self-image that is consistent with the healthier behavior, there is no longer any temptation for the changer to return to the old behavior, changers look, think, feel, and act with genuine confidence — they are convinced they can function well without ever again engaging in their former problem behaviors, and changers institute a healthier lifestyle as a means of preserving gains and promoting new growth.

### References

Adapted from: Prochaska, James; Norcross, John; and DiClemente, Carlo. 1994. *Changing for Good*. New York: Morrow.



## Processes of Change and When They Are Most Useful

**Precontemplation** | **Contemplation** | **Preparation** | **Action** | **Maintenance**

### Consciousness-raising

**Result Wanted:** Increase information about self and behavior you want to change

**Techniques:** Observations, feedback, interpretations, bibliotherapy

### Social Liberation

**Result Wanted:** Increase social alternatives for behaviors that are not problematic

**Techniques:** Advocate for rights of oppressed, empowering, policy interventions

### Emotional Arousal

**Result Wanted:** Experience and express feelings about one's problems and solutions

**Techniques:** Psychodrama, grieving losses, role play

### Self-Reevaluation

**Result Wanted:** Assessing feelings and thoughts about self with respect to a problem

**Techniques:** Value clarification, imagery, corrective emotional experience

### Commitment

**Result Wanted:** Choose and commit to change, or belief in ability to change

**Techniques:** Decision-making therapy, New Year's resolutions, logotherapy

### Reward

**Result Wanted:** Reward self, or have others reward you, for making changes

**Techniques:** Contingency contracts, overt and covert reinforcement

### Countering

**Result Wanted:** Substitute alternatives for problem behaviors

**Techniques:** Relaxation, desensitization, assertion, positive self-statements

### Environmental Control

**Result Wanted:** Avoid stimuli that elicit problem behavior

**Techniques:** Environmental restructuring (e.g. removing alcohol or fattening foods), avoiding high risk cues

### Helping Relationships

**Result Wanted:** Enlist the help of someone who cares

**Techniques:** Therapeutic alliance, social support, self-help groups

Adapted From: Prochaska, James; Norcross, John; and DiClemente, Carlo. 1994. *Changing for Good*. New York: Morrow.

## Appendix B

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## Appendix B Reference List

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An Agency of the Government of Alberta

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